

P.O. Box 788, Acworth, GA 30101 | 678-486-1111 | www.CUofGA.org

## **Skip-A-Pay Request Form**

Submit your Skip-A-Pay Request Form via one of the following methods:

Date Received

	Any Branch Location ox 788, Acworth, GA 30101	•	Email: ContactUs@CUof Fax: 678-486-1191	fGA.org
Please indicate the	month you would like to ski	p (please select onl	y one box):	
	☐ January ☐ April ☐ July ☐ October	☐ February ☐ May ☐ August ☐ November	☐ March ☐ June ☐ September ☐ December	
Complete the infor	mation below for each loan	payment you wish t	o skip:	
Loan Number		Payment \$	Due Date	
Loan Number		Payment \$	Due Date	
Loan Number		Payment \$	Due Date	
Member Name				
Address				
City, State, Zip				
Daytime Contact N	lumber			
the current balance of to the loan throughout the Credit Union of Georgia is a \$20 processing fee p the time the payment h Business/Commercial lo	n of Georgia to skip my payment on the affected loan(s) by the amount of edeferred payment period. Certain reto advance the due date equal to or per loan that will be deducted from yoliday form is received or the requestant, Real Estate, Visa Credit Cards a	f the payment skipped and estrictions may apply. Be month's payment on your account or collected st will not be processed. In the Auto Advantage Loan	nd that interest will accrue on t y signing and returning this forn each of your eligible loans whic d at time of form submission. Lo Single Payment, Home Equity, is are not eligible for Skip-A-Pay	he deferred balance of m, you are requesting h you have listed. There pans must be current at HELOC, Student Loans,
Member Signature			Date	
CREDIT UNION OF GEORGIA USE ONLY				

MSR#|Initials

\_\_\_\_ Date Processed