

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

Skip-A-Pay Request Form

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

 Deliver To Any Branch Location Mail: PO Box 788, Acworth, GA 30101 		•	Email: <u>contactus@cuofga.org</u>Fax: 678-486-1191	
Please indicate the	month you would like to skip	(please select onl	y one box):	
	☐ January ☐ April ☐ July ☐ October	☐ February ☐ May ☐ August ☐ November	☐ March ☐ June ☐ September ☐ December	
	mation below for each loan p			
Loan Number		Payment \$	Due Date	
Loan Number		Payment \$	Due Date	
Member Name				
Address				
City, State, Zip				
Email Address				
Daytime Contact N	umber			
the current balance of the loan throughout the Credit Union of Georgia is a \$35 processing fee puthe time the payment h	of Georgia to skip my payment on the affected loan(s) by the amount of endeferred payment period. Certain restond advance the due date equal to on per loan that will be deducted from your oliday form is received or the requestant, Real Estate, Visa Credit Cards and	the payment skipped a estrictions may apply. Be e month's payment on our account or collected t will not be processed.	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,	he deferred balance of n, you are requesting h you have listed. There pans must be current at HELOC, Student Loans,
Member Signature			Date	
	CREDIT UNI	ON OF GEORGIA US	E ONLY	

Date Received _____ MSR# | Initials _____ Date Processed __