



**Skip A Loan Payment**  
 3418 MacCorkle Ave SE, Charleston, WV 25304  
 Phone: (304) 721-4145 Fax: (304) 342-3147  
[ElementFCU.org](http://ElementFCU.org)

**All About My Needs!**

My Name: \_\_\_\_\_ My Account #: \_\_\_\_\_

I want to skip my loan payments listed below:

Loan #: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Loan #: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

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Loan #: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Please skip these payments for the month of: \_\_\_\_\_, 20\_\_\_\_.

Please withdraw \$30 for each payment skipped:

- Take the money from my Savings account # \_\_\_\_\_
- Take the money from my Checking account # \_\_\_\_\_
- Add the fee to my loan.

Optional: If you make your loan payments by transferring money electronically from another credit union/bank account, what would you like Element to do with thees funds?

- Leave in my Element savings account
- Send funds back to my other credit union/bank account

Fax this form to (304) 342-3147 or

Scan and upload this form through our secure **Send My Stuff** link at [ElementFCU.org](http://ElementFCU.org) or

Mail this form to Element FCU, 3418 MacCorkle Ave, SE, Charleston, WV 25304

iDeposit this form - take a picture with your iPhone and send securely through our iDeposit app

**Agreement**

It is mutually agreed that in consideration of the fee of \$30.00 per loan, my monthly loan payment will be deferred as stated above and extended to the end of the original term of this loan. I understand that finance charges will continue to accrue and all other terms and provisions of the original loan agreement are unchanged and remain in full force and effect. I understand this program is subject to approval and is not applicable to loans originating within the previous 60 days. I also understand this will not stop any ACH transfer I have set up with Element FCU (or other institution) for the purpose of making my loan payment(s) at Element FCU. The transfer will still take place from my other institution and the funds will be deposited into my savings account at Element FCU.

X \_\_\_\_\_ X \_\_\_\_\_  
 My Signature Date

**THIS SECTION IS FOR CREDIT UNION USE ONLY**

This form was processed by \_\_\_\_\_ on \_\_\_\_\_  
 employee name date