Skip-A-Pay Agreement Form

This form allows eligible members to request to skip one qualifying loan payment. Please complete the member information section below and submit it to your credit union representative. Approval is subject to credit union review and applicable terms and conditions.

Member Name:	
Member Account Number:	
Loan Type:	
Month to Skip (only choose one)	☐ November '26 ☐ December '26 ☐ January '27

By signing this form, member acknowledges that interest will continue to accrue on the unpaid balance during the skipped payment period and that extending the loan term may result in additional interest. Eligibility is determined by the credit union's internal review policies. This program excludes delinquent, Real Estate loans or charged-off loans. Payroll deduction and electronic payments will continue to come into the Credit Union and will be deposited into your account.

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____

*Please return the completed form by email to skipmypayment@mynwcu.com, fax to 503.256.1912, or mail to 10333 SE Main St, Portland, OR 97216. For more info, please call us at 503.256.3712; 800.443.9987

For Credit Union Use only:

Loan Number: _____

Skip #: 1 - 2 - 3 - 4 - 5

Next due date: _____

Frequency: ☐ Monthly ☐ Semi-Mon ☐ Biweekly ☐ Weekly - ☐ PRL ☐ TFR ☐ OTC

Completed by: _____ Completed date: _____

Notes: _____