

PAY YOURSELF THIS MONTH INSTEAD OF US!



Important information regarding a Skip-a-Payment:

1. This authorization is good for deferment of one monthly loan payment and can be used to skip a payment per loan during any twelve (12) month period.
2. There is a \$30.00 processing fee for each loan payment skipped.
3. Must be current during the immediate thirty (30) days prior to skip authorization and must be current at time of request.
4. Member is not eligible if approved for a workout extension on any BAFCU loan.
5. Loan must be at least ninety (90) days old.
6. Interest will continue to accrue on a daily basis on the unpaid balance.
7. Loans that are on weekly direct deposit will be skipped weekly equal to one (1) month's payment amount or four (4) consecutive weeks, and the loan payments will default into your share account. The payments will continue to show on your check stubs, they will not be stopped with Bashas' payroll department.
8. Authorization must be presented two (2) weeks prior to the month you are requesting to skip.
9. By signing this form, you agree to skip a payment on your Bashas' Associates Federal Credit Union loan. This deferment will extend the maturity date of your loan. Your regularly scheduled payment will be due the month following any skipped payment per your standard payment process. All other terms remain unchanged. One authorization needed for each request.
10. Skip-a-Payment authorization is not valid on BAFCU VISA credit cards, HELOCs, Step Forward Loans, any non-credit qualifying loan, or work-out loan.

**Complete this authorization form and mail it to
735 E Guadalupe Rd. Tempe, AZ 85283 or fax it to (480) 831-1438**

Bashas' Associates Federal Credit Union SKIP-A-PAYMENT is available for any one month during the calendar year.

Simply fill out this authorization form and choose which month's payment you will be skipping.

This program can be used for Signature Loans, Auto Loans, Recreational Vehicle Loans, and Shared Secured Loans.

I would like to skip the following payment(s):

Account # _____ **Suffix #** _____ **Suffix #** _____

Month: _____ **Year** _____

Name: _____ **Cell Phone #** _____

Please take the \$30 processing fee from:

Account # _____ **Savings** ___ **Checking** ___ **Payment enclosed** ___

Member's Signature _____