

Victoria Federal Credit Union
701 Sam Houston
Victoria, TX 77901

SKIP-A-PAY REQUEST FORM

Date of Request _____

Member Name _____

Account Number _____ Loan Number _____

I hereby request to skip my monthly payment for the month of _____.
I understand that this will extend the number of payments required to pay
off my loan(s).

Reason for request _____

Signed _____ Date _____

*Note: Skip-A-Pay request cannot be granted on real estate loans. In
addition, member's loans must be current and all accounts with the credit
union in good standing at the time a skip is requested.

For Credit Union Use Only

Approved by _____ Date _____

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