

Patent & Trademark Office Federal Credit Union

Voluntary Skip Payment Request Form



If you have maintained your loan Account(s) in good standing for at least 6-consecutive months, then subject to our underwriting criteria and except for any open-end credit Accounts as well as any real-estate secured loan Accounts, you may elect to skip payment during a specific month for each 12-consecutive month period. For example, Accounts that are payable monthly would be able to skip 1 payment, whereas Accounts that are payable every other week would be able to skip 2 payments during that month, and Accounts that are payable weekly would be able to skip 4 payments in that month.

In order to request a skip payment, you must complete this Voluntary Skip Payment Request and Authorization at least 35 days prior to the due date of the payment to be skipped. The Authorization must be signed by all borrowers, guarantors and/or co-signers. You will be charged a fee for this service. [See current fee schedule](#)

Accounts that participate in our Skip Payment Program will not be charged a Late Charge for the payment skipped. However, Finance Charges will continue to accrue on your Account at the rate set forth in the Agreement with us. For all Accounts, your minimum payments will return to their regularly scheduled amounts and due dates as specified in such Agreement immediately following the skip payment period.

VOLUNTARY SKIP PAYMENT REQUEST AND AUTHORIZATION

If you would like to skip a payment, please complete this authorization indicating which account(s) you would like to skip payment and the month you would like to skip. Sign the authorization and return it to: **Patent & Trademark Office Federal Credit Union, 501 Dulany Street, 1st Floor, Alexandria, VA 22314 or fax to 571-273-0190 attention “LOAN DEPT.”** Fee payment must be paid prior to approval of skip payment request. For your convenience, payment can be deducted from your PTOFCU account by checking the appropriate box below. Please indicate the total fee amount to deduct. [See current fee schedule](#) for fee amount.

Savings
 Checking
 Fee Amount \$ _____

Fee payment will be deducted from the PTOFCU account of the skip payment request below.*

ACCOUNT NUMBER	LOAN NUMBER	DATE OF SKIP PAY
ACCOUNT NUMBER	LOAN NUMBER	DATE OF SKIP PAY
BORROWER SIGNATURE	E-MAIL ADDRESS	DATE SIGNED
BORROWER SIGNATURE	E-MAIL ADDRESS	DATE SIGNED
GUARANTOR/CO-SIGNER SIGNATURE	E-MAIL ADDRESS	DATE SIGNED
GUARANTOR/CO-SIGNER SIGNATURE	E-MAIL ADDRESS	DATE SIGNED

CU Use Only

Date Completed _____	Note Posted _____	Loan Processor _____
		Fee Paid: <input type="checkbox"/> Y <input type="checkbox"/> N