

## **Skip-A-Payment Request**

Member Name:		Account #:		
Street Addres	ss:	City/State/Zip:		
Cell Phone #:		Emai	Email:	
qualify. Loans n and Simple Loa Financial CU is non-refundable	ns may apply*. Members' STAR Finds available for Skip-A -Pay includens. Members will be contacted if a unable to approve the Skip-A-Paymapplication fee per Approved Loas STAR Financial CU account.	e Certificate Sed Idditional inform ment Request. I	cured, Home Equity, MasterCard, nation is needed or if STAR understand that there is a \$20	
continue to acc a-payment on a skip-a-payment be covered und	dge that by skipping my loan paym umulate, and the loan term will be loan with GAP coverage, please not throughout the life of the loan. As er a GAP Claim. If more than one so GAP Claim is filed, any extra skipettlement.	e extended. Addi ote that the GAF a result, any ad kip-a-payment	tionally, if I am requesting a skip- P contract permits only one (1) ditional skip-a-payments will not is approved for a loan with GAP	
Please Skip	Loan:	for	(MM/YY)	
	Loan:	for	(MM/YY)	
	Loan:	for	(MM/YY)	
	Loan:	for	(MM/YY)	
Member Signature:		Date:		
	For Interna	al Use Only		
Request Received by:			Date:	
Approved/Denied by:		Date:		
Last SI			kip-A-Pay Date:	