

## Skip-a-Pay this Holiday!

(Valid for the months of November and December)

## Here's the citeria:

- Skip a Payment twice within a calendar year with a total maximum of 4 times over the life of the loan<sup>1</sup>
- Skip a payment on any AgFed Auto loan or Personal loan<sup>2</sup>
- Member must be in good standing with no AgFed delinquency in the past 12 months<sup>3</sup>
- Must have had the loan for a minimum of 12 months (Holiday/Summer loans and loans in which the first payment was deferred by 60 or 90 days will not qualify)
- Member will be charged a \$35 fee for <u>each loan</u> skipped <u>per month</u><sup>4</sup>
- Request must be received no less than 10 business days before loan due date

(1) Members with GAP protection may only skip twice for the life of the loan per their GAP agreement. (2)All Mortgage loans, STRI loans, Student loans, Home Improvement loans and Credit Cards are ineligible for the Skip-a-Pay promotion.

(3) Good standing is defined as maintaining positive balances on deposit accounts, current status on AgFed loans and regular account activity.

(4) Skipping one month includes 2 consecutive biweekly payments and 4 consecutive weekly payments for that month.

## The Skip-a-Payment Request Form is on the next page.

## SKIP - A - PAYMENT REQUEST FORM

Name:		
Address:		
Telephone (Daytime):		
Member Signature:		Date:
Co-Applicant Name:		
Co-Applicant Address:		
Co-Applicant Signature:		Date:
	SKIP-A-PAYMENT	for:
Loan Number:	Month:	Year:
Method of Payment - \$35 for ea months is \$70.00.)	ch loan payment skipped per	month (i.e. one loan payment skipped for two
Deduct Skip-A-Pay	yment fee from my regular sh	are savings account.
Deduct Skip-A-Pay	yment fee from my share draf	t checking account.
Check is enclosed		
Interest will continue to accrue on you	ır loan(s) and your loan term will be	extended. Fees will be collected at the time of the

Interest will continue to accrue on your loan(s) and your loan term will be extended. Fees will be collected at the time of the Skip-A-Payment request. You next payment date and fee(s) associated with this request will be reflected on your next account statement. Certain restrictions and conditions may apply. Form must be mailed, faxed, emailed or presented to Member Service Representative at time of request.

Mailing Address: P.O. Box 2225, Merrifield, VA 22116-9998 • Phone: (800) 368-3552 Fax: (202) 479-3821 • www.agfed.org





