

The Johns Hopkins Federal Credit Union  
***Skip-A-Payment*** Member Authorization Request

**If you wish to *Skip-A-Payment* on your JHFCU loan(s), please complete and sign this form authorizing your request. I understand that:**

- There is a **\$35.00** fee for each *Skip-A-Payment* request.
- Multiple *Skip-A-Payment* requests can be made on the same form, however *each* loan will be assessed a separate fee.
- All obligated parties (borrowers) must sign the *Skip-A-Payment Member Authorization Request* form.
- Installment loans (including automobile, unsecured, and fixed home equity loans) are eligible for *Skip-A-Payment*.
- Mortgage Loans, Home Equity Lines of Credit, and Loanmaker Lines of Credit are *ineligible* for *Skip-A-Payment*.
- Delinquent JHFCU loans are *ineligible* for *Skip-A-Payment*.

**Please complete the following information to authorize your *Skip-A-Payment* request. I authorize the Johns Hopkins Federal Credit Union to skip my **November 2009** loan payment(s) as indicated below:**

Account Number#: \_\_\_\_\_ Loan Suffix (es): \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_

Borrower's Name: \_\_\_\_\_

Co-Borrower's/Co-Maker's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Daytime/Work Phone#: \_\_\_\_\_

**I understand that there is a **\$35.00** processing fee for each *Skip-A-Payment* request. I also understand that the Johns Hopkins Federal Credit Union will be unable to process my *Skip-A-Payment* request if I do not have sufficient available funds in my JHFCU account to cover the processing fees or if my (enclosed) check is returned as uncollectable.**

**I wish to pay the *Skip-A-Payment* processing fee(s) as follows (check one):**

- I have enclosed a check to cover the fee(s) of **\$35.00** per *Skip-A-Payment* request. Make check payable to the *Johns Hopkins Federal Credit Union* and include your JHFCU account number on the check.
- Deduct the processing fee(s) from my JHFCU account # \_\_\_\_\_ . All processing fee(s) will be debited as soon as possible and will appear on my **December 2009 or January 2010** statement.

**I authorize that the processing fee(s) be assessed to my (check one):**

- Savings Account     Checking Account     Money Market Account

**This offer expires **November 18, 2009**. Please return this form to any of our branches. You may also fax it to us at (410) 558-9037 or mail it to us at this address:**

***Johns Hopkins Federal Credit Union***  
***5201 Alpha Commons Dr.***  
***Baltimore, MD 21224***

**Borrower's Signature :** \_\_\_\_\_

**Co-Borrower's/Co-Maker's Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**NOTE:** Please note that by skipping your **November 2009** loan payment(s), your loan term will be extended by approximately one month. Credit protection insurance (*including GAP insurance and credit life/disability insurance*) purchased to cover your JHFCU loan(s) excludes deferred payments therefore, in the event of a claim, you may have a residual balance as a result of *Skip-A-Payment* authorizations. Interest will continue to accrue on any unpaid principal balance(s) and may impact your final payment amount. Your scheduled monthly payment amount will not change, however the amounts applied to principal and interest may vary as a result of *Skip-A-Payment* authorizations.