

H O L I D A Y Skip-A-Payment

+1

As an added bonus refinance your current loan from another lender and enjoy no payments for

90 Days!

How it works:

1. Sign and return the Skip-A-Pay request (see reverse)
 - In Person at any TCFCU branch
 - By Mail: P.O. Box 1630 Tulare, CA 93275
 - By Fax: 559-684-0683
2. Your TCFCU account must be in good standing and have no late payments within the last 6 months.
3. There will be a discounted fee of \$25 for each Skip-A-Pay request.
4. To take advantage of the 90-day no payment offer, simply give us a call at 559-686-1791 or visit any branch.



Tulare County
FEDERAL CREDIT UNION

Celebrating 80 years



Federally Insured by NCUA

Do You Need Extra Cash This Holiday Season?

SKIP-A-PAYMENT

As a special offer, TCFCU will allow you to skip November or December's payment on your existing loan(s)



P.O. Box 1630
Tulare, CA 93275



COMPLETE FORM AND MAIL IN ENVELOPE, FAX OR DROP OFF AT YOUR LOCAL BRANCH

MEMBER NAME _____ **ACCOUNT#** _____

ADDRESS _____

LOAN SUFFIX(S) _____ **DAYTIME PHONE** _____

VALID EMAIL ADDRESS _____

Deferring your loan payment is optional and is only offered to select members based on credit approval. Deferring your payment throughout the life of the loan or choosing to have a first payment date 90 days after origination of a new loan may result in additional finance charges being incurred and the repayment schedule to be extended. Interest begins accruing upon loan disbursement and continues to accrue even when payments are deferred. Deferred payments may also affect member-elected protection coverage(s), such as Debt Protection and GAP Insurance – certain conditions and exclusions may apply. Please refer to your specific agreement(s) and contact your protection provider for details. All promotions are subject to Credit Union approval. Mortgages, Visa and LOC's are not eligible.

I hereby authorize the DISCOUNTED \$25.00 deferral fee to be transferred from my:

Savings Account _____ Checking Account _____ I have enclosed a check for \$25.00 _____

Choose only one month to defer

☐ November ☐ December

FOR INTERNAL USE

Received by: _____

SIGNATURE _____ **DATE** _____