

Holiday Skip-a-Payment



Member Name _____ Acct# _____

I wish to skip an eligible* loan payment(s) for loan number(s) _____

For the month(s) of: **Nov. 2025** ☐ **Dec. 2025** ☐ **Jan. 2026** ☐

I/We authorize the Credit Union to extend my/our loan payment(s) as requested above. I/We understand that this adjustment will increase the time it takes to repay my/our loan(s). In addition, I/We understand that interest continues to accrue against the unpaid balance. If the loan is paid with payroll deduction method, I/We understand the skipped payment(s) will be deposited into the account listed above. I/We understand the next payment will be due on the next scheduled date.

⇒ There is a \$25.00 non-reimbursable processing fee for each Skip-A-Payment

☐ I authorize you to withdraw the funds from my account.

☐ I have enclosed a check to cover the cost of the processing fee.

Member Signature _____

Date _____

Joint Owner Signature _____

Date _____

- Fax to 620-221-0398 Attn: DeeDee Eastman or mail to:
- PO Box 26, Wellington, KS 67152 or PO Box 748, Winfield, KS 67156
- Email: DeeDee Eastman ~ deedee@panhandlefcu.com

***Eligible loans exclude VISA. Interest on Mortgage loan cannot exceed the payment amount at the next due date. Loans must be current (cannot be delinquent.) Offer not valid if a loan extension was processed within the last 12 months other than 2024 Holiday Skip. A notice will be mailed within 10 business days on any denied Skip-A-Payment requests. Loans must be at least 3 months old. Other restrictions may apply.**

(Office use only)

Received by _____ Date _____