Skip-A-Payment Request Form



November 2025

Print Name:	
Account Number:	<u> </u>
What loan(s) are you requesting to skip? (auto, signature, etc.	.)
1.)	
2.)	
3.)	
4.)	
How do you wish to pay the \$35.00 processing fee (per loa Deduct from my VSUFCU Shares (savings)	an)? (choose one) Total amount paid:
Deduct from my VSUFCU Drafts (checking)	
I have included a check for \$35.00 (per loan) made payable	to VSUFCU
I choose to pay cash (\$35.00 per loan)	\$
mportant information This promotion cannot be used for your first loan payment. This promotion this promotion cannot be used for your first loan payment. This promotion and the promotion applies of the promotion applies is given a uthorization and Skip-A-Payment processing fee prior to your revish to skip. A \$35.00 fee applies to each loan you skip. Your loan payment and extend the term of your loan. Authorization Thereby authorize Virginia State University Federal Credit Union to shat finance charges will continue to accrue on all new and existing to my agreements with the Credit Union, and that all terms and condition Print Name: Signature:	e for this Skip-A-Payment promotion. If you have weekly, it to the entire month of payments. We must receive your egularly scheduled payment due date for the month you not amount will remain the same, but skipping a payment skip my November 2025 loan payment. I understand balances during the skipped payment period pursuant ons will apply after said skipped payment period. Date:
Print Joint Applicant Name (if applicable):	
Signature:	Date:
WE MUST RECEIVE YOUR FORM BEFORE OCTOBER 20, 2025	For Internal Use Only
EMAIL COMPLETED FORM TO: info@vsufcu.org	Payment Type:
	Date Processed:
FAX: 804-526-0834	Due Date Before:
MAIL COMPLETED FORM TO: 3401 BOISSEAU ST.	Due Date After:
SOUTH CHESTERFIELD, VA 23803	Initials:
ATTN: LOANS	Verified By:
Contact VSUFCU for more details. 804.526.6708	