



Holiday Skip-a-Pay is simple.

Follow these three steps to skip a payment this season:

1. **Select the loan(s) payment you would like to skip.** This offer is only available for **Purdue Federal Visa® Credit Card, vehicle loan or personal loan** payments **due in December 2024 or January 2025. Interest will continue to accrue.**
 - ✓ Loan(s) is not currently enrolled in a credit counseling program.
 - ✓ Loan(s) minimum payment is \$100 or greater.
 - ✓ Mortgages, home equity lines of credit, private student loans and business (commercial) loans are not eligible.
 - ✓ Loan(s) must have a 12-month repayment history with Purdue Federal.
 - ✓ You cannot have a delinquency of 30 or more days in the past 12 months.
 - ✓ You cannot have (or had in the past) a collection deferment on your selected loan(s).

2. **Accept a \$35 administrative fee per loan** payment skipped. For each loan skipped, Purdue Federal will make a \$5 donation to a selected charity.
 - ✓ The money to pay the administrative fee(s) must be in your Purdue Federal savings or checking account to process your request.

3. **Print, complete, sign and return the skip-a-pay request form.**
 - ✓ All borrowers on the original loan(s) must agree to the terms of this loan modification.
 - ✓ Return completed forms to the credit union.
 - Submit in person at any branch
 - Email to loan services at Loanservices@purduefed.com
 - Fax to 765.497.7476, Attn: Loan Services
 - Mail to Loan Services, PO Box 1950, West Lafayette, IN 47996

Please Note: For payments you generate (such as payments you set up with a bill payment service or payments initiated at another financial institution), you are responsible for stopping the payment for the month you enact Skip-a-Pay.



Holiday Skip-a-Pay Request Form
December 2024-January 2025

Purdue Federal Skip-a-Pay Instructions: Please read carefully. Sign and return this form to Purdue Federal **at least five (5) days before your skipped loan(s) is due.**

Completed forms may be submitted in person at any branch, faxed to 765.497.7476, or mailed to Loan Services, PO Box 1950, West Lafayette, IN 47996.

Yes! I want to skip a payment this season. I have read and agree with the terms listed below.

*I/We understand interest will continue to accrue and I will pay more total interest on my loan(s). I/We further understand that exercising the skip a payment will extend the time it takes to pay off my loan(s) in full. I/We will continue to make the monthly payments after the original maturity date until all principal and interest is paid in full and our pledge of security shall remain in effect until the loan is fully repaid. I/We understand that our next regular payment will be due on the scheduled payment due date following the month we elect to skip a payment. I/We understand that in case of a Gap Insurance claim any additional amount incurred by this election to skip a payment may not be covered by the Gap Insurance contract signed at the loan origination. A \$35 administrative fee per skipped loan payment will be charged for the process. Please note that home equity lines of credit, private student loans, commercial loans, and first- and second-mortgage loan payments are not eligible for Purdue Federal Skip-a-Pay.

I want to skip my loan payment(s) for (please **check one**): **December 2024** **January 2025**

Loan Type	Account Number	Payment Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please withdraw \$35 per skipped payment from Account: _____

Borrower's Signature _____ Date _____

The Skip a Pay Authorization must be agreed to by all borrowers, guarantors, and/or co-signers. By checking this box, you are certifying: (a) that ALL of the borrowers/guarantors/co-signers agree to the terms of this loan modification and have provided you with their authorization and consent to enter into this loan modification; and (b) you agree to hold the Credit Union harmless from any and all claims brought by any party challenging such consent and authorization or the validity of this voluntary loan modification.

Borrower's Information

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

My email or mailing address has changed in the last 12 months. Please update my address in your records.

PFCU Staff: _____



Federally insured by NCUA.