Vacation Skip A Pay Form 2025



Member Name			_
Address			
City	State	Zip	
2 semi-monthly payments.) deduct the fee from a Beth	There is a modest processing fed lehem 1st FCU account, or you ca Equity Loans, Mortgages, Lines o	e of \$30.00 per loan skipp In send us payment with y	quivalent," which is 2 bi-weekly or bed. For your convenience we can your signed authorization. For eligible. To qualify, a loan must be
maturity date will then be eduction(s) normally appli	·	month "equivalent.") If y into your share or share/	· · · · · · · · · · · · · · · · · · ·
Member Number:	I wou	ld like to skip my July or !	August Payment(s):
	Payment: \$		
☐ Skip Loan Type:	Payment: \$	choose <u>one:</u> D July	/ 2025 ☐ August 2025
	k in the amount of \$30.00 for <u>eac</u>		
☐ Authorized a tra	nsfer from my (check <u>one</u>)	are (savings) □ share/c	draft (checking) account
<u>IMPORTANT:</u> If your loo	ın is in joint names, this form <u>ı</u>	<u>must</u> be signed by <u>both</u>	borrowers.
Signature	Joint	Account Holder	
Phone:	Email Address:		
By signing above, you author	orize Bethlehem 1st FCU to exten	d your final loan paymen	t by one month or a one-month

Complete and sign this form, then mail, scan & e-mail, fax or hand-deliver it to:

equivalent. Interest will continue to accumulate on your loan during the month skipped. Only loans that are current and

in good standing are eligible. We must receive this authorization at least two weeks before the payment date.

Only one skip permitted annually.

Bethlehem 1st FCU 2317 Easton Ave. Bethlehem, PA 18017-5099 E-mail: service@beth1st.org FAX: 610-691-8624