

Financial relief during this National Emergency...

SKIP-A-PAYMENT

Coronavirus Skip-A-Payment REQUEST FORM

» **DATE** _____ » **ACCOUNT NUMBER** _____

» **MEMBER NAME** _____

» **CO-BORROWER/SIGNER NAME** _____

**I HEREBY REQUEST LIBRARY OF CONGRESS FEDERAL CREDIT UNION TO
SKIP MY LOAN PAYMENT(S) FOR _____.**

NOTICE to Member/Borrower(s) requesting to Skip-A-Payment:

You must be a member in good standing, including being current on all loans with the credit union, in order to participate in the LCFCU Skip-A-Payment program. Please note that only Consumer Loans are eligible for the program. ***Mortgage Loan products (First Mortgage, Home Equity Line of Credit and Second Trust) are NOT ELIGIBLE for the program.***

VISA credit card qualified members may skip a payment for **ONE month** _____.

Please understand that interest will continue to accrue on your outstanding loan balance(s), and that this action could result in additional payments required to pay your loan in full. When payments resume, unpaid interest will be collected first and the remaining monies will be applied toward principle. You acknowledge that this request does not change your legal obligation to LCFCU, that your loan agreement with the credit union requires regular payments, and that the credit union is permitting you to defer payment for _____.

» _____

MEMBER SIGNATURE

» _____

CO-BORROWER/SIGNER SIGNATURE

All borrowers and co-borrower/signers MUST SIGN this form.

MAIL this completed form to:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785

or
FAX this completed form to: 202-707-6418

or
EMAIL this completed form to: culine@LCFCU.org

LCFCU reserves the right to refuse any Skip-A-Payment request.



Better BANKING for Less

LCFCU.org | 202.707.5852