

FOCUS Credit Union Credit Card Skip-A-Payment Agreement

Primary Borrower _____ Account # _____ Suffix ____ Date _____

You may skip your _____, 20____ payment and your next regularly scheduled payment will be _____, 20____.

Because finance charges accrue at the month end billing cycle, please be aware your account balance will reflect those finance charges on your month end statement.

FOCUS Credit Union

Signature: _____

Title: _____

Borrower Signature

Date

Borrower Notice of Change in Terms

Date _____

Account # _____ Suffix ____

You may skip your _____, 20____ payment and your next regularly scheduled payment will be _____, 20____.

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FOCUS Credit Union

Signature: _____

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Borrower Signature

Date