



Sign me up for Skip-A-Pay!

Primary Applicant Name _____

Co-Applicant Name _____

Signature _____ Date _____

Signature _____ Date _____

Loan payment(s) I would like to skip:

Acct./Loan # _____ December January

Please fill out one skip form for each loan skipped

Skip-A-Payment Fee: 10% of the payment up to \$25.00 for each skipped payment

Fee is enclosed

Please debit my: Savings Account Checking Account

Mail to: Saginaw County Employees Credit Union • 1700 Court Street • Saginaw, MI 48602

Or fax to (989) 793-9184

**Subject to approval, some restrictions apply. Stop by SCECU or give us a call for details.

How to submit this form

Mail
SCECU
1700 Court St,
Saginaw, MI, 48602

Fax
(989) 793-9184
Attn: Loan Department

Email
loans@scecu.net