Skip-A-Payment Request Form

Skip-A-Payment Fee:$30

Member Number:

Loan Number:

Borrower Name:

Due Date:

Co-Borrower Name:

Phone Number:

Email Address:

Address:

City/State/Zip:

Skip authorizations must be received within 10 days of regularly scheduled due date. The following loan types are not eligble for this program: business loans, credit cards and mortgage loans.

Offer is good for one monthly payment per calendar year/per loan. If you pay bi-weekly, two payments will be skipped.
For loans paid automatically through payroll deduction, we will refund the payment to your account once we receive the skip authorization.

I understand that interest continues to accrue and skipping this payment will extend my loan.
If I have GAP insurance, it will not cover the extended portion of my loan.

Fee Draft Account # ☐ Checking ☐ Savings

If any of the conditions below apply, please follow the instructions to submit the Skip-A-Payment request.

☐ 1. You do not currently hold a Campus Federal Deposit account.

Enclose a check for $30 per loan being skipped along with a printed copy of this form and mail to:

Campus Federal Attn: Skip Offer, P.O. Box 98036, Baton Rouge, LA 70898.

Signature of Borrower:

Signature of Co-Borrower: