

WGE Visa Skip-A-Pay

Pick a month to skip your credit card payment. Skip your WGE FCU credit card payment during any month you choose*. Simply complete this authorization form and return with your payment coupon or take it directly to the credit union.

Name _____

WGE Account Number _____

Credit Card Number _____

Payment Due Month Requested to Skip _____

*By signing below, I understand that my account must be in good standing, I have not been thirty (30) days delinquent more than three (3) times and I have not been sixty (60) days delinquent at all in the twelve (12) months prior to the skip-a-pay month, and that my request is subject to the credit union's approval. I also understand that, if my request is approved by the credit union, my credit card will be billed a \$25.00 skip-a-pay finance charge in the selected skip-a-pay month, which will reflect on my statement. If approved and account standing causes the skip-a-pay not to be processed, I may still be billed the \$25.00 skip-a-pay finance charge. You should note that by not making your minimum payments as provided in your Agreements during such designated skip-a-pay periods, you will continue to accrue finance charges to your account at the contractual rate. Beginning with the billing cycle following an allowed skip-a-pay, all other provisions of your Agreement(s) will apply. Further, you authorize us to review your creditworthiness including obtaining consumer credit reports. You may not have more than (2) approved skip payments in any one (1) calendar year period.

Cardholder Signature _____