

This season, Saint Gnicks has a way to **SKIP-A-PAY**

Skip your December payment
and keep more jingle in your pocket!



Request Skip-a-Pay by logging into your online banking or by completing the form below.

Call (318) 698-6000 or visit www.ANECA.org/Skip-A-Pay-Holiday for more information.

\$25 processing fee is applied to each loan payment skipped. The below form and processing fee must be received at the same time (**deadline November 21, 2025**). By signing, you authorize ANECA Federal Credit Union to extend the final loan payment by one month. You must be a Member in "good standing" which requires six (6) consecutive monthly payments made within ten (10) days of the due date. Loans are limited to one (1) Skip-a-Pay per calendar year and up to a maximum of three (3) per loan term. Payments extending beyond your original contract term may not be covered by payment protection. You must resume making your regular payments the month following your skipped payment. Interest will continue to accrue on your loan during the month you skip your payment. No late payment fees will be added to your loan balance for this payment skipped. Some restrictions apply. Mortgages, credit cards, student loans, business loans, bankruptcy, restructured loans, loans paid by an insurance claim or through a Chapter 13 Plan or a debt management program are excluded from this offer. If you have GAP Protection, any amount of the loan that is skipped may not be covered under the GAP Protection Agreement.

Federally Insured by NCUA 

Deadline to submit your Skip-a-Pay request is **November 21, 2025**.

SKIP-A-PAY REQUEST FORM

**Please return completed form in person
to any ANECA Branch.**

Member Name _____

Joint Member/Co-Signer Name _____

Address _____

Daytime Phone Number _____

Member (Account) Number _____

Loan Type Example: Auto Loan	Member # - Loan Suffix 12345678-070	Payment Amount \$390.50	Is this an Auto Pay Loan?
1. _____	_____	_____	__ Yes __ No
2. _____	_____	_____	__ Yes __ No
3. _____	_____	_____	__ Yes __ No
4. _____	_____	_____	__ Yes __ No

Select a fee payment method:

☐ Enclosed is a check for the \$25 processing fee (per loan) or ☐ Please deduct the \$25 processing fee (per loan) from my:

☐ Share Account # _____ ☐ Savings Account # _____

Member Signature _____

Date _____

Joint Member/Co-Signer Signature (Required) _____

Date _____