



P.O. Box 1365, 140 Lucy Lane
Waynesboro, Virginia 22980
(540) 946-3200 Toll Free: 1-800-245-8085

DCCU Use Only

Member Name:
Loan Number:
Skip A Payment #: Amount:
Originating Branch:
MSE:
Closing Branch:

Skip A Payment Form

I hereby request DuPont Community Credit Union to waive my next loan payment by signing **below**. *Please note the following loans do not qualify for a Skip-a-Payment program: Mortgages, Home Equity Loans, Home Equity Line of Credit, Student Loans, and Credit Cards. I understand that if a request is made on a signature LOC, my/our limit will be removed.

I hereby authorize DuPont Community Credit Union to waive my next loan payment by signing below for the following reason:

Account Information:

Account Number _____ Loan Suffix(es): _____

Skip a Payment for Month of _____ Date: _____

If mailed or faxed to DCCU, signature(s) will be verified with those on file, if brought to DCCU, Employee will verify and sign _____.

Borrower Signature

Witness Signature

Co-Applicant or Co-Signer Signature

Witness Signature

Co-Applicant or Co-Signer Signature

Witness Signature

I understand that the terms and conditions of my loan agreement will apply except that there will not be any regular monthly payments required during the deferral period set forth above. Interest will continue to accumulate on your loan during the month(s) you skipped your payment, deferral of my regular or minimum monthly payments will result in my having to pay higher total FINANCE CHARGES, and my loan repayment schedule will be extended. (Under some circumstances, your payment may not cover the finance charges (interest) that accrue and "negative amortization" could occur.) thereafter, I must make my regular monthly or minimum payments. All loan payments must be current to qualify, may be subject to credit union approval. DuPont Community Credit Union may not skip my loan payment if I do not have sufficient funds in the deposit account listed above to pay the administrative fee, or if my check for the administrative fee is returned. If there is a co-signer and/or co-borrower you agree to have them sign this form also to be valid. This offer does not apply to (Real Estate Mortgage loans, home equity lines of credit, student loans or credit card accounts). Please note: If you have GAP Insurance Coverage on your auto loan, the maximum number of skip payments during the life of your auto loan is two. If more than two payments are skipped, we will not pay the portion of the deficiency that would equal the additional skipped payments. DCCU reserves the right to obtain a credit report to make a credit decision.

FEE:

If my Skip a Payment is approved, please transfer the \$30 fee for each loan skipped from my account:

Checking Savings

The Skip a Payment is approved denied on _____

Name

Title

For Office Use Only:

Pre Maintenance	Print and attach MP and LN
Loan Manager Changes	DD, Loan Extension
DST changes	Change Start date (if applicable)
GL offset code "Skip" or 151.29	

Scan Date: _____ Initials _____ Date Verified _____ Initials _____

NOTARY:

City/County of _____ State of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

By: _____