



SKIP-A-PAY APPLICATION

Borrower Name: _____ Loan Account: _____
 Joint Borrower: _____ Loan ID: _____
 Daytime Phone #: _____ Current Payment Due Date: _____

DCECU's Skip-A-Pay program allows you to skip one monthly payment on your qualified loan each calendar year. Skipped payments may not be in consecutive months. **To ensure your loan qualifies for Skip-A-Pay, please read and check the boxes below. If there is a statement that is not true, the loan will not qualify for Skip-A-Pay.**

- My/Our loan is an Auto, RV, Share Secured, Stock Secured or Signature loan. It is **not** a Balloon, CD Secured, Revolving, Student Loan, Home Equity or Mortgage of any kind.
- My/Our loan has been open for at least one (1) month with one (1) monthly payment.
- My/Our DCECU loans are current, **including payment of accrued late fees.**
- My/Our account(s) is not overdrawn, does not have any protective advances or active force placed insurance coverage, nor is there any type of legal action pending.
- I/We have submitted our application at least five (5) business days before the payment is due for processing.

Withdraw the \$25 application fee for each request from: Account # _____ Share ID # _____
 (Consider your application approved unless you are notified within 24 hours of DCECU receiving your application.)

By signing below, I/we understand the **eligibility requirements** listed above and request to skip the **next payment** due on the loan referenced above. I/we agree to pay a **non-refundable** application fee of \$25 and if one or more of the eligibility requirements are not met I/we will still be charged the non-refundable application fee. I/We understand that skipping a payment will extend the term of my/our loan, interest will continue to accrue, **total finance charges** will increase and regular payments will resume the month following my skipped payment. I/We agree to all the provisions of the Skip-A-Pay program as described in this disclosure.

All parties on the loan must sign this form.

Borrower's Signature _____ Date _____
 Joint Borrower's Signature _____ Date _____
 Guarantor's Signature _____ Date _____

Please Note: For payments you generate (for example, payments you set up with a bill payment service, payments initiated at another financial institution, etc.) you are responsible for stopping the payment for the month you enact Skip-A-Pay. Any automatic transfers generated by DCECU will be suspended for the Skip-A-Pay.

Other restrictions may apply. Final approval is at the discretion of DCECU. For collateral-secured loans with GAP protection, please check with your GAP carrier to determine how Skip-A-Pay may affect your coverage.

INTERNAL USE ONLY:

Date Received: _____ Processed By: _____ Fee: _____
 Advanced Due Date: _____ Advanced Payment Method: _____ Approved By: _____

Please submit your completed form in person or by fax to 989.832.9289