



Skip-A-Payment Request

Member/Account Number:

Telephone #

Email Address:

Name:

Address:

City:

State:

Zip:

Loan Type/Number:

A \$20 setup fee per loan payment skipped will be deducted from your account; funds MUST be available when request is presented.

Month to SKIP: _____ No two consecutive months may be skipped; limit two skips per calendar year.

Disclosure

I/we authorize Delaware Alliance FCU to extend my/our final payment on the loan(s) listed by one monthly payment amount. I/We understand that interest will continue to accumulate on the loan(s) indicated during the month my/our payment in skipped. Payments made through direct deposit/payroll deduction will be deposited into the account listed above. All loan payments, including any not listed above, must be current to qualify for this skip payment offer. The first six payments of any new loan may not be skipped. Mortgage, home equity, credit card, overdraft protection, Payday Alternative(PAL/STS), HL(1 yr term), workout and delinquent loans are not eligible for this program. Requests must be received in Delaware Alliance FCU's mail office 30 days before the skipped month for processing. **It is mutually agreed that the loan(s) listed above will be deferred for the month listed and will extend the original term of the loan agreement. All other terms and provisions for the original loan agreement will remain unchanged in full force and effect.**

Your signature is required to complete this process – If your loan is in 2 names, 2 signatures are required.

Signature

Date

Signature

Date