



I am requesting a Skip a Payment for my loan(s) with DSFCU

I am requesting a skip(s) on loan(s)

Account: _____ Loan # _____ # _____ # _____

Choose ONE month to skip:

June ____ July ____ August ____

\$25.00 Fee from

Checking ____ Savings ____

Name (print): _____

Phone: _____ Email: _____

Signature: _____ Date _____

***Not available on First
Mortgages, HELOC, CUDL
or Visa***
Minimum 90 Day
3 month payment history



Collateral ____ Blue Book ____ Approve/Deny ____ Mtnc. ____ Fee ____