

SKIP A PAY



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:

NOVEMBER _____ **DECEMBER** _____

\$25.00 Fee from

Checking _____ **Savings** _____



*Not available on First
Mortgages, HELOC, CUDL
or Visa*

Minimum 90 Day
3 month payment history

Name (print): _____

Phone: _____ **Email:** _____

Signature: _____ **Date :** _____

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