



Skip-A-Pay Application

2019-2020

Applicant Name: _____ SSN/TIN: _____

Co-Applicant Name: _____ SSN/TIN: _____

Home Phone #: _____ Work Phone #: _____

Account #: _____

Please Skip the Following Payment:

Month: _____ Year: _____

On My/Our:

- Auto Loan (L# _____)
- Personal (Signature) Loans (L# _____)
- Recreational Vehicle Loan (L# _____)
- Other Loan (L# _____)

Please Complete a Separate Skip-A-Pay Application for Each Loan Payment that You Wish to Skip

Payment is currently made by:

- Cash Payment
- Direct Deposit/Payroll Deduction
- Transfer from Credit Union Account #: _____
- ACH Transfer From Another Financial Institution

*The fee per loan is \$25.00, which will be deducted from your account upon receipt of the application. Offer excludes line of credit, overdraft, mortgages, home equity, share & CD secured loans, payments cannot be made through disability; loan must be at least 90 days old with timely contractual payments made in order to qualify for a payment skip; applicant must not have been granted an extension within the previous three months; payment skip is applied to either four weekly payments, two bi-weekly payments or one monthly payment for one qualifying month (November, December or January). Interest will continue to accrue during the month you skip your payment, and the skipped payment will be added to the end of your loan term. Applications must be received at least **five days prior** to the due date of the payment that you wish to skip. Other exclusions may apply.*

Modification Agreement (Credit Union Use Only)

I am agreeing to amend the terms of my original agreement and to repay the entire unpaid balance of \$ _____
 Plus interest at _____ % by paying \$ _____ every _____ (payment frequency)
 Beginning: _____ (Date) Reason: _____ Collateral: _____
 Processed By: _____ Date: _____

By Signing Below, I/We Agree to and Understand the Terms Stated Above.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Please Return, Mail, or Fax Form To:
Dannemora Federal Credit Union
ATTN: Samantha Seymour
344 Tom Miller Rd.
Plattsburgh, NY 12901
Phone: (518) 825-0323 Ext. 2217
Fax: (518) 825-0333

Credit Union Use:		
Employee Initials:		
Fee taken: (Circle one)	Yes	No
Date taken:		