

214 N FRANKLIN ST Box 104-A Decatur, Il 62523 PHONE 217-428-8333 FAX 217-428-8441

decaturpostalcu@yahoo.com

OFFICIAL SKIP-A-PAYMENT REQUEST

| Name | Account # |
|--|--|
| Skip A Pay has changed effective | e 10/2/19. You may skip 2 monthly loan |
| payments a calendar year. The fee is | still \$25 per loan per month skipped. If you |
| loans are set for bi-weekly, you ma | y skip 2 payments per month for 2 months |
| and the fee is still \$25 per loan for each month skipped. You can choose any 2 | |
| months in a calendar year!!! | |
| Please list the Loan Number(s) and descri | ription for the loans you wish to skip. |
| Loan #Dated | Collateral |
| PLEASE READ THIS IMPORTANT INFORMATION: By signing below, you authorize Decatur Postal Credit Union to advance your loan due date by one month and understand this may extend the maturity date of your loan. A \$25 administration fee per loan is due at the time this form is submitted. Interest will continue to accrue on the unpaid balance during the month that you skip a payment, and when payments resume, the unpaid interest will be collected first. Loans must be at least 6 months old to skip a payment. Members must be in good standing and all loans current to participate. DPCU reserves the right to refuse a skip-a-payment request. Payments made through payroll deduction or direct deposit will be transferred to | |
| | yments will skip 4 payments, loans set for biweekly payments |
| Signature | Date |
| Co-Maker Signature | Date |

YOU MUST RETURN THIS FORM AND PAY THE \$25.00 FEE PER LOAN TO QUALIFY!!