



Holiday Skip A Pay Form
\$35 Application Fee

Full Name: _____

Contact Phone Number: _____

Email Address: _____

Member (Account) Number: _____ Loan ID: _____

YOUR NEXT PAYMENT DATE WILL BE SKIPPED

IS YOUR LOAN SET UP ON AUTOMATIC PAYMENTS? YES NO

TO BE ELIGIBLE:

- Loan must be current (no more than 10 days past due at receipt of form & fee)
- Loan must be open at least 90 days
- 3 consecutive monthly payment must have been applied to loan
- No Skip A Payments processed in the past 12 months (rolling)

INELIGIBLE LOANS:

- Real Estate
- Line of Credit
- Commercial
- Credit Cards
- ODA Work Out Loan

Payment Information:

VISA/Mastercard Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

By signing below, I understand that this will extend the term of my loan by one (1) month and that interest will continue to be incurred. I also understand that the debit/credit card I entered as payment will be processed as a cash advance and may result in additional fees from my card issuer.

I further acknowledge that this form may take up to two (2) weeks to process.

Signature

Date

| | |
|-----------------------------------|-----------------------------------|
| FOR OFFICE USE ONLY: | |
| Received By: _____ | |
| Date: _____ | |
| <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED |