



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

Commerical

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 acknowlede that this form may take up to two (2) weeks to process.

Signature

Date

FOR OFFICE USE ONLY:

Received By: _____

Date: _____

☐ ACCEPTED ☐ REJECTED