



# Domino

## CREDIT UNION

### SKIP A PAYMENT POLICY AND AGREEMENT

You may be eligible to skip your monthly loan payment, provided that all of your Domino Federal Credit Union accounts are in good standing, current and this document is completed in its entirety and turned in at least 10 days prior to the loan due date.

- A \$25.00 processing fee will be required for each loan before the Skip A Payment is processed.
- Only 1 Skip A Payment is allowed every 6 months on each qualifying loan.
- Your interest will continue to accrue and the skipped payment will cause your loan to extend beyond the original maturity, which may change the total amount and schedule of repayment. All other terms and conditions of the loan will remain unchanged.
- If your loan is insured with Credit Life and/or Disability, your monthly premium for coverage will still be added to the loan on the skipped month. Refer to contract for loans with GAP coverage.
- All parties of the original agreement including any co-borrower or owner of collateral must sign the Skip A Payment form.
- Loans that are NOT eligible and do not qualify for the Skip A Payment program include Special Occasion Loans, Real Estate Loans, Visa and Visa Gold Credit Card Accounts, loans with less than a three month payment history, delinquent loans and accounts not in good standing.

Turn your completed form into the loan department at any branch or mail this form to: DFCU, P.O. Box 7509, Texarkana, TX 75505. Call us at (903)792-8651 if you have any questions.

Member # \_\_\_\_\_ Member Name \_\_\_\_\_  
(One member number per page)

Best phone number to be reached at \_\_\_\_\_

<u>Loan #</u>	<u>Payment Amount</u>	<u>Frequency</u>	<u>Re-Start Date</u>	<u>Payment Source</u>	<u>Fee</u>

*All borrowers agree to skip a payment. All borrowers must sign. Request must be approved by a loan officer.*

Primary Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower's/Collateral Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Receiving Employee _____	Date _____
Approving Loan Officer _____	Date _____
File Maintenance Complete _____	Date _____