

SKIP-A-PAYMENT REQUEST FORM

I, _____, by my signature below, request an amendment to my loan contracts and security agreements to automatically waive payment on my D.C. Teachers Federal Credit Union loan(s) specified below for the period specified below.

Name _____

Address _____

Account Number _____ Skip Month _____

List all loans to be included for Skip-A-Payment:

Loan # _____ Loan # _____ Loan # _____

Signatures

X _____ Date _____
Maker

Please print name _____

X _____ Date _____
Co-maker/Co-signer

Please print name _____

For Office Use Only

Approved by: _____ Processed by: _____