



**DISTRICT OF COLUMBIA TEACHERS**

**FEDERAL CREDIT UNION**

5656 3<sup>rd</sup> Street, NE

Washington, DC 20011-2532

# SKIP-A-PAYMENT REQUEST

Date Request Received \_\_\_\_\_

Received By \_\_\_\_\_

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(s) \_\_\_\_\_

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**

Identification	Type and Number	Issue Date	Expiration Date
Qualifier #1		Qualifier #2	

\$25.00 Fee \_\_\_\_\_ Charged \_\_\_\_\_ Waived \_\_\_\_\_

Approved by: \_\_\_\_\_ Processed by: \_\_\_\_\_