DISTRICT OF COLUMBIA TEACHERS
FEDERAL CREDIT UNION
5656 3rd Street, NE
Washington, DC 20011-2532

SKIP-A-PAYMENT REQUEST

Date Request Received Received By

I, _____and_____, by
My signature(s) below, requests 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 #_____

X_____ Date _____
Signature Borrower

X_____ Date _____
Signature Co-Borrower

For Office Use Only

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

Furlough Information
☐ **Furlough Letter Obtained**
☐ **Government Issue ID Obtained**

$30.00 Fee _____ Charged _____Waived

Approved by: _____ Processed by: _____