

Skip-A-Payment Request

DATE:		
MEMBER NAME:		
ACCOUNT #:	LOAN(S) #:	
PHONE #:	EMAIL:	
I am requesting a Skip-A-Payr	ment for the month of:	
Please state the reason for the	e Skip-A-Payment Request:	
Skip-A-Payment will not be p	processed until this form is signe	ed and returned with method of payment
Please deduct the \$25 Skip-A	-Payment fee (per loan) from my T	exas DPS Credit Union:
Savings Checking C	Check Enclosed Cash	
TERMS, CONDITIONS, AGREEM	ENT	
the terms of your original loan agr the Skip-A-Payment program, you Skip-A-Pay granted, cannot be ou standing. Program excludes mort assessed for each Skip-A-Payme least 5 business days before the I Skip-A-Payment fee must be paid a claim, Guaranteed Asset Protect understand the interest will contin	reement and to repay the entire unpaid u must have made at least 6 on time p urrently delinquent and all other accou gage, home equity, credit card and on nt request. The Skip-A-Payment Requ oan payment due date if payments are diprior to payment date and cannot be ction (GAP) may be affected. Other res	signing this request, you agree to amend I balance and accrued interest. To qualify for ayments since origination of the loan or last ints at the credit union must be in good e-time payment term loans. A fee will be est form must be received and approved at e set up on ACH payment method. The \$25 rolled into the loan balance. In the event of strictions may apply. By signing below, I ad. I understand this will extend the term of it program.
Borrower Signature and/or		Date:
Co-Borrower Signature		Date:
FOR CREDIT UNION USE ONLY		
CU Employee:	Approved Denied	Reason:
Date Received:	Date Processed:	
Return Form Options		
 Fax to (512) 467-1607 Email to txdpscu@txdpscu.org 	3. Mail to: Texas DPS Credit Union P.O. Box 15346 Austin, TX 78761	4. Drop form off at Texas DPS Credit Union 621 W St. Johns Ave, Austin, TX 78752