

Skip-a-Pay Application

Please complete the following "Skip-a-Pay" information for processing. (This form must be signed by all borrowers including any co-signer/guarantor.)

All fields required.

Member Information

First Name: _____ Middle Initial: _____ Last: _____

Member Account #: _____ Phone Number (with area code): _____

Month to Skip

"Skip-a-Pay" fee is \$30.00 per loan. Complete ONE line for each loan you are requesting to "Skip-a-Pay" on.

Loan Suffix: _____ November 2022 December 2022

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Payment Options

I (we) choose to pay my (our) "Skip-a-Pay" fee(s) as follows:

Check Enclosed

Savings

Checking

Use this option to print and fax (563-557-5045), mail or drop off your application at one of DuTrac's convenient locations.

Deduct from my DuTrac account: I acknowledge that the total (\$30 per loan skipped) is available and may be deducted from my DuTrac account as of the date of this submission.

By choosing "Skip-a-Pay" you agree: that interest will continue to accrue during the "Skip-a-Pay" period; that by electing to "Skip-a-Pay" the total interest charge will increase and extend the time required to pay your loan(s) in full based on your required minimum monthly payment; that any distribution will automatically stop and restart the following month. All requests for "Skip-a-Pay" promotions are subject to approval. All loans must be current and your account must be in good standing. Loans with less than 12 months of payment history are not eligible for the "Skip-a-Pay" promotion. Loans secured by real estate, single pay notes, and credit cards are not eligible. GAP insurance may not cover skipped payments (refer to your GAP contract for details).*

***Autopay will not automatically stop from an account the borrower has at another financial institution. Autopay funds that would normally be applied to the loan would be deposited to their savings account at DuTrac for the month "Skip-a-Pay" is elected.*

*Borrower: _____ +SSN#: _____
(signature required when submitting by fax or mail) (last four digits)

*Co-Borrower: _____ +SSN#: _____
(signature required when submitting by fax or mail) (last four digits)

+I certify that statements on this application are true and complete and that I have viewed the disclosures. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.) By entering your last name and the last four digits of your social security number in the box above, you are 1) agreeing to sign and submit your application electronically 2) promising that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the NCUA.

Processing Date MM/DD/YY: _____ Teller Number: _____