

# Skip your December payment on any qualifying loan(s)!

- DEXSTA auto and personal loans are eligible\*
- A \$30 processing fee (per loan) will be deducted from your DEXSTA account and must be available at time of submission
- Submit your request form via email or at any branch by <u>Friday, November 29, 2024</u>
- Estimated maturity date of loan will be extended

\$5 of each processing fee will be donated to





# Loan Skip-A-Payment Request Form

November contractual payment must be satisfied. This request is for one time and will not renew automatically.

List the loan(s) you want to skip. (Example: vehicle loans and personal loans).

- Loan Number \_\_\_\_\_ Type \_\_\_\_\_ Due Day: December \_\_\_\_\_
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## Deduct the \$30 fee per loan from: (List only one)

- DEXSTA Savings Account Number \_\_\_\_\_\_
- DEXSTA Checking Account Number \_\_\_\_\_\_

#### Read the Disclosure, sign at the bottom and mail the entire form or return to any DEXSTA branch in person.

### Disclosure

By signing below, I/we authorize DEXSTA Federal Credit Union to extend my/our final payment on the loan(s) listed by one month. The \$30 setup fee per loan payment skipped will be automatically deducted from the account listed above, where funds are available. I/we understand that interest will continue to accumulate on the loan(s) indicated during the month my/our payment is skipped. Payments made through direct deposit/payroll deduction will be deposited into the account listed above. All loan payments, including any not listed above, must be current with a minimum balance of \$2,000 to qualify for this skip offer. The first 6 payments of a new loan may not be skipped. Mortgages, home equity, credit card, overdraft protection, Smart Choice, Private education loans, Smart Start Auto, and delinquent loans are not eligible for this program. Loans managed under the Hardship Program do not qualify. If the \$30 fee is not available, this skip request will not be processed.

All other terms and provisions for the original loan agreement will remain unchanged in full force and effect.

Primary Signature _	Primar	y Name (	please	orint)	
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Joint Signature \_\_\_\_\_ Joint Name (please print) \_\_\_\_\_

Best Telephone Number\_\_\_\_\_

Forms must be returned by November 29 (for December). Exceptions will not be made.

300 Foulk Road • Suite 100 • Wilmington, DE 19803 • 833-2DEXSTA • SkipAPay@dexsta.com

\*For Office Use Only\*

This Skip-A-Pay Form was verified by:

Staff User ID: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee Charged: \_\_\_\_