



Skip-A-Pay Extension Request Form

Please fill out & submit one form per loan
There is a \$25.00 processing fee for each loan

It is mutually agreed that this constitutes a loan extension on:

ACCOUNT: _____ LOAN NUMBER: _____

The loan payment will be deferred and added to the end of the original term of this loan.

- You can not skip more than one payment per year.
- You will resume your payment after skipping a month
- Not available for home equity and mortgage loans
- Return this **signed form along with a \$25.00 processing fee** by mail to the above address, in person, by faxing to (614) 237-3210 or by emailing to *info@odjfsku.com*.

I would like to skip:

_____ **Month**

I have: *(Choose one)*

- _____ Enclosed is a check in the amount of \$25.00
- _____ I authorized a withdrawal of \$25.00 from my account.

Acct Number: _____

Savings: _____ Checking: _____

If your loan is paid by payroll deduction, your monthly loan payment will be deposited into your share account in the month you wish to skip, at the time the loan payment is normally posted to your loan. If you are a retiree, family member or not normally on payroll deduction, the payment due in the month you selected will be skipped and the payment due date advanced to the next month. If you have any questions, please contact the credit union at the above stated number.

This special offer is available for members with accounts, which are in good standing. Only one payment per year may be skipped. Overdraft loans, VISAs and Mortgages are excluded. All other terms and provisions of the original loan agreement are unchanged and remain in full effect. Interest will continue to accrue during the month your payment is skipped. In some cases, based on the size of the balance, the interest, which accrues, may be greater than the amount of your next regular payment.

I acknowledge that this Skip-A-Pay selection will delay the payoff of my loan by one month, in addition to any other "skip payments" I have attached to this loan. I further acknowledge that I will only be permitted to Skip-A-Pay once a year. I am also aware that by skipping payment(s), if I selected the optional disability insurance, the insurance benefit will be reduced by the number of months I have "skipped payments".

X _____
Member Signature

_____ Date

_____ Phone #

X _____
Co-Signer Signature

The request must be received a month prior to the month you which to skip.