



SKIP-A-PAYMENT

Authorization Form

OAS Staff FCU
 1889 F Street, NW • Washington, DC 20006
 Tel: 202-458-3834 • Fax: 202-458-3838

MEMBER INFORMATION

Member Name*		Account Number*	
Address		Apartment No.	
City	State/Zip	Country	
Phone		Personal Email*	

Yes, I would like to skip my loan payment for the month(s) of _____
 (If deferring 2 payments, they may **not** be on consecutive months)

SKIP-A-PAYMENT INFORMATION*

All Loans that qualify from the account listed above Debit the service fee from my
 Reg. Share (01) Share Draft (60)

The following Loans

Loan No.	Loan No.	Loan No.	Loan No.
----------	----------	----------	----------

MEMBER SIGNATURE & AGREEMENT*

I understand that I can request the deferral of no more than two (2) loan payments every 12 months, and that interest will continue to accrue during the deferral period extending the original term and increasing the amount of finance charges. Also, I understand that this request is subject to approval and that I must have been a member in good standing on all my accounts and loans the previous 6 months to this request for it to be considered.

Signature _____

Date _____

FOR INTERNAL USE ONLY

Date Received:	Date Flagged/Set Up:
Received By:	Flagged By:

*Required fields