



P.O. Box 1365, 140 Lucy Lane
Waynesboro, Virginia 22980 (540)946-
3200 Toll Free: 1-800-245-8085

DCCU Use Only

Member Name: _____	Loan Number: _____
Total SAP incl. this request _____	Amount: _____ MSE: _____
Originating Branch: _____	Closing Branch: _____
Current Due Date, Before Skip: _____	

Consumer Loan Payment Deferral

I hereby request DuPont Community Credit Union to defer my next loan payment(s) by **signing below**.

*Please note this form cannot be used for Mortgages, Student Loans, and Credit Cards. I understand that if a request is made on a line of credit, my/our limit will be removed.

I hereby authorize DuPont Community Credit Union to defer my next loan payment(s) by **signing below** for the following reason.

Account Number: _____ Loan Suffix: _____ Defer Payment(s) for Month(s) _____

FEE: If my Loan Payment(s) Deferral is approved, please transfer the \$30 fee for each payment deferred from my account.

Checking Savings

Two (2) Loan Payment Deferral fees per loan may be refunded during the life of the loan.

I understand that the terms and conditions of my loan agreement will apply except that there will not be any regular monthly payments required during the deferral period set forth above.

- Interest will continue to accumulate on your loan during the month(s) you deferred your payment, deferral of my regular or minimum monthly payments will result in my having to pay a higher total **FINANCE CHARGE** and my loan repayment schedule will be extended. **(Under some circumstances your payment may not cover the finance charges (interest) that accrue and "negative" amortization could occur.)**
- Thereafter, I must make my regular monthly payments.

All loan deferrals may be subject to credit union approval. DuPont Community Credit Union may not defer my loan payment if I do not have a sufficient available balance in the deposit account listed to pay the administrative fee, or if my check for the administrative fee is returned. If there is a co-signer and/or co-borrower you agree to have them sign this form also to be valid. The offer does not apply to (student loans or credit card accounts). Please note: If you have GAP Insurance Coverage on your auto loan, the maximum number of deferred payments during the life of your auto loan is referenced in you GAP Insurance Coverage Agreement. If more than the allowed are deferred, we will not pay the portion of the deficiency that would equal the additional deferred payments. DCCU reserves the right to obtain a credit report to make a credit decision.

Borrower Signature _____ Date _____

Co-Applicant or Co-Signer Signature _____ Date _____

Co-Applicant or Co-Signer Signature _____ Date _____

For Office Use Only:

The Loan Payment Deferral is: Approved Denied

_____ DCCU Employee Signature _____ Date

Name _____ Title _____

Notes: _____

- Run "Loan Skip/Interest Payment/DDC" Specfile
- Review Any Automatic Payments/Distributions and Modify Start Date if needed
- Review Any DBOs and Complete Form to Modify Start Date if needed