

Life happens, and we sometimes need to adjust our budget to accommodate unforeseen expenses. With Skip-a-Pay, you can skip a loan payment for a small fee so you can free up some cash for whatever your life demands.



SKIP A PAYMENT REQUEST FORM

Complete & sign the following form:

Member Name (Please print) _____ Member Number _____
(can be located on monthly statement)

Address _____
City State Zip

Home Phone _____ Work Phone _____ Cell# _____

Yes! I would like to skip a payment on my loan for the following month(s):

Loan Type	Monthly Payment	Month to Skip (select no more than 2)		
		January	February	March
Example: Car Loan	\$545	X	X	

Deduct Processing fee from my: Savings Account Checking Account
 Check enclosed from another financial institution

Form Submission options:

- Through Online Banking: Log in, Click on Messages, New Conversation, Select Member Service as Recipient, attach the completed form, & click send.
- Fax it to 703-591-4168, or drop it off at a branch.
- Mail it to us at : NextMark, P.O. Box 1300, Fairfax, VA 22038 (Attn: Member Services).

Questions? Give us a call at 703-218-9900.

MEMBER AGREEMENT

MEMBER AGREEMENT: A \$30 fee applies to the first skip-a-pay and \$20 for any additional. Two skip-a-payments allowed per loan in a 12-month period. Your account must be in good standing with no negative balances & all loans must be paid as agreed with a minimum of 12 consecutive on-time payments in order to qualify. Interest will continue to accrue during the deferral period, extending the original term & increasing the finance charges. I understand that a payment will be added to the loan at the time of maturity extending the life of the loan by the number of months deferred. Finance charges will continue to accrue on a daily basis at the APR set forth in the loan agreement at loan disbursement. Offer excludes real estate loans, student loans, overdraft protection loans & Visa credit cards. Co-signers on any loan must also sign the deferral request. Offer valid from 1/1/2023 through 3/31/2023.

By signing below, I acknowledge that I have read and understand the above information.

Signature _____ Print Name _____ Date _____

Co-Signer (if applicable) _____ Print Name _____ Date _____

For Internal Use Only

Date Received: _____ Received By: _____ Date Implemented: _____