

SKIP A PAYMENT REQUEST FORM

Complete and Sign form. Drop it off at any branch, fax it to 703-591-4168, or mail it to us at:
NextMark, P.O. Box 1300, Fairfax, VA 22038.

Member Name (Please print) _____ Account Number _____

Address _____
City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell# _____

Yes! I would like to defer 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

MEMBER AGREEMENT

MEMBER AGREEMENT: A \$30 fee applies to each skip-a-payment per loan. 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 1/1/2020 through 3/31/2020.

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: _____