

It's easy to participate in the Skip a Payment program. Just complete the attached form and mail, fax or bring it to the credit union for approval. Please be sure to review the conditions below, as well as the types of loans that are excluded from this offer. By receiving this letter you have already been approved as long as you meet the conditions listed below. Request should be made 10 days prior to the loan due date. Loan must have been funded a minimum of 6 months ago and at least 6 payments made before the first Skip-A-Payment.

 Conditions All loans must be current Fee of \$25 per loan must Cosigner/Joint owner mu Loans that are paid by disnot eligible No more than two Skip-Ayear 	be available st sign sability insurance are A-Pays per loan per ne back-to-back Office U	 Home Equity L MasterCard Overdraft or Lii Any balloon loa The loan was grapast six months 	ine of Credit ne of Credit Loans an / E Z Loan ranted an extension during the	
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	Member Signature Date Conditions		Joint Member/Cosigner Signature Date Non-Eligible Loans	
X		X		
credit union will postpone will be a		I will not change the term m the date of the last pay	d of my/our account. The payment the n. Interest will continue to be calculate ment.	
	fee of \$25.00 per loan from O Checking#			
Loan Number:		: Payment:		
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Loan Number:			Payment:	
	Please postpone the loa	` '	_	
April	August	December		
February March	June July		October November	
January	Month to be S May	11	September	
City:			Zip/Postal:	
		Work Phone:		
Address:		Home Phone:		
int/Co-Signer (<i>please print</i>): Address:		Account # :		