Skip-payment Request



Want to keep more cash for the holidays? Complete this authorization to skip your qualifying December or January payment(s). Mail, scan and email, bring or fax it to us one full month prior to your due date.

Last name		First name			
Member account #					
I want to skip payments	s on the month in	dicated o	n these (on	e month per loan):	
Loan account#		Skip:	December	January	
Loan account #		Skip:	December	January	
Loan account #		Skip:	December	January	
Skip-payment authoriza	ation				
I would like to skip my regular Dec I understand my loan(s) must be cu that interest will continue to accrue skipped. This offer does not apply	urrent, at least six months o e. I also understand there i	old, not more t is a \$25 proces	than 30 days late ssing fee for eacl	within the last year, and h monthly loan payment	
Borrower signature	Date	Co-borrower signa	o-borrower signature (if applicable) Date		