

Date Received Initials

Holiday Skip-A-Payment



Use this coupon and sign up for our Skip-A-Payment special! Skip-A-Payment during January or February on any of your qualifying credit union loan(s)*. There is a one-time \$25 fee per loan. Use the extra money to pay off those holiday bills!

| | YES, I w | ould like to Skip- | A-Loan paymo | ent in: (Choose One) | | |
|---|---|--|--|--|--|--|
| | | January 2014 | | _ February 2014 | | |
| .ccount Number: | | | | | | |
| Iember Name: | | | | - | | |
| ddress: | | | | | _ | |
| | | | | | | |
| understand that this co Deposit, your paym | oupon may be us ent will be depo | ed for multiple loansited into your Shanne notice in or | ns. If you mak re Savings Acc rder to stop t | e your loan payment by Payroll Dount. Auto Debit from anoth the loan payment from bein ayments to be eligible. | eduction or Directory | |
| I enclosed a check for \$25 per loan | | | | for \$25 per loan | | |
| ¥ | | Debit my Checking Account for \$25 per loan | | | | |
| Children's Miracle Network Hospitals Helping Local Kids | | Debit my Share Account for \$25 per loan | | | | |
| | A portion of the \$25.00 will go to the Children's Miracle Network!! | | | | | |
| Borrower Signature: | | | | Date: | | |
| Co-Borrower Signature: | | | | Date: | | |
| beyond its original ma orior to my final loan pa to skip. This payment of disclosed on the origin GAP pol | turity for each nayoff and that the deferral will result all promissory noticies, and or pay | nonth I skip. I also e interest will conti- alt in an extension conte. I am aware that ment protection ma | understand that nue to accrue a of the maturity of t by skipping p by be reduced b | riginal agreement and extend the fat I will be required to make the pat the contract rate including the material and will increase the APR analyment(s) the benefit from disability the amount of the payment skip to Union, PO Box 110, Camanche, | lyment(s) skipped onth I have chose d Finance Charge lity/life insurance, ped. | |
| * Must be a member i | •••• | g to qualify for sk | ip-a-payment. | First Mortgages are not eligible | e for this service. | |
| Payment type (please | e check) | | | | | |
| ACH P/R | Auto Debit_ | OTC | _ | | | |
| Payment Frequency (| please check) | | | | | |
| WeeklyBi-W | eekly | Monthly | Semi-Montl | hly | | |

Date Processed