



Mail to: 3212 Central Avenue Billings, MT 59102 or bring to the branch nearest you!

406.651.AFCU

Skip A Pay Request

		-		
Yes! I would like to skip my		(insert month you v	would like to skip) loan paymen	ıt.
loan according to the terms a	and conditions of my loan a versed. I also understand t ave chosen to skip and ther ment deferral could affect	agreement. If the loan hat the interest will co e is a \$35 skip fee per your policy. We woul	d appreciate receiving your	S
Qualifications: • All credit union services mu • Loan must have at least 6 m • Only one skip-a-pay per loa • May not be used on real est	nonths of payment history n/per year		, Visa, etc.) nal lines of credit and credit car	rds
First Name		Middl	e Initial	
Last Name				
Address				
City				
State		Zip		
Account #		L Type		
Phone #				
Payment Method. Please (check	k one):			
☐ My check fo	r \$35 per loan is enclosed.			
Please trans	fer \$35 per loan from my:			
<u> </u>	Savings Checkir	ng		
Signature			Date	
Joint Borrrower Signature			_ Date	
	Credit Unio	n Use:		
Federally insured by NCUA	LO Approva	al:	CU Approval:	