

Central Nebraska Federal Credit Union Skip-A-Payment Program

Member Name: _____ Account Number: _____

Loan Number: _____ Loan Type (auto, etc.): _____

Please pay the \$20 fee:

Enclosed (checks made payable to Central Nebraska FCU)

Withdrawal \$20 from Savings Checking

Account Number _____

By signing below you agree to amend the terms of your original agreement and to repay the entire balance of \$ _____ plus interest at _____% every _____ (payment frequency) beginning _____ (date).

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

Loan Officer Signature _____ Date _____

Processed by _____ Date _____