AUTHORIZATION FOR SKIP PAYMENT



Please return this completed request form to any of our locations either in person or by mail.

ARCHER 2121 Archer Rd Archer NE 68816 (308) 795-2204

CENTRAL CITY 510 G St | PO Box 254 Central City NE 68826 (308) 946-3070

DANNEBROG 102 Mill St S | PO Box 70 Dannebrog NE 68831 (308) 226-2220

ST. PAUL 1016 2nd St | PO Box 386 St. Paul NE 68873 (308) 754-2400

	ample time to stop your pay (4) days prior to your pay	yment. Requests must be received a yment date.
☐ First/second mortgages a	and single pay notes are no	ot eligible for Skip Payments.
Skip Payment Autho	rization:	
YOUR NAME (please print)		
YOUR ADDRESS	CITY	STATE ZIP
YOUR PHONE NUMBER	INDICATE MONTHLY PAY	/MENT TO SKIP
YOUR ACCOUNT NUMBER	□ NOVE	EMBER DECEMBER RIPTION (i.e. 02 vehicle loan)
\$25 Fee Payment (per loan):		
\square Deduct from my ACCU S	avings Account #	
\square Deduct from my ACCU C	hecking Account #	
☐ Check Enclosed		
		I to extend your final loan payment by on or deducted from your ARCHER CREDIT

SIGNATURE	DATE	
JOINT SIGNATURE	DATE	

payment extension on your loan. The documents and related security documents are modified only to the

documents, not inconsistent herewith, are ratified by the parties. Request must be received a minimum of

extent necessary to give effect to the terms of this addendum, and the remaining terms of said

fourteen (14) calendar days prior to your payment date.

CREDIT UNION USE ONLY:

Rec'd b	y: Date:	Entered by:	Date:	_ Verified/Imaged by:	Date:
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