Skip-payment Request

Signature

HighPeaksFCU.com

Complete this authorization to skip your qualifying payment(s). Mail, scan and email, bring or fax it to us one month prior to your due date. Call us if you have questions.

Last name	First name	e
lember account #		
want to skip payments a	s indicated below (one	month per loan max.)
oan account #		Month
	Skip:	
pan account#	Claim	Month
	Skip:	
pan account #	Skip:	Month
	SKIP.	
kip-payment authorizati	on	
		n payment(s) I've listed. I understand my loan(
		ithin the last year, that interest will continue ly to credit cards, revolving loan payments, ar
ll real estate products. All payment s		iy to creat cards, revolving four payments, a



Date

Return to any branch, mail to PO Box 29 · Dillon, MT 59725, or fax to (406) 683-2533.