

Corporate Office • 840 Hitching Post Drive • Green River, WY 82935 • (307) 875-9800 • (800) 331-6268 • (307) 875-5551 Fax Rock Springs Office • 2460 Foothill Blvd • Rock Springs, WY 82901 • (307) 382-2968 • (307) 382-2989 Fax Evanston Office • 236 Harrison Drive. • Evanston, WY 82930 • (307) 789-3900 • (307) 789-3939 Fax Mountain View Office • 200 7th Street (P.O. Box 56) • Mountain View, WY 82939 • (307) 782-7100 • (307) 782-7101 Fax

## **Loan Skip-A-Payment Form**

Account No.		Date
Borrower 1 Name	Address	Phone
Borrower 2 Name	Address	Phone
Borrower 1 Employer & Ph	one E	forrower 2 Employer & Phone
Month of Skip: Jan Feb	Mar Apr May Ju	un Jul Aug Sep Oct Nov Dec
Requested Loan Payment(s)	Skipped:	
Loan #	Loan #	Loan #
Pymt Frequency		
Due Date Skipped	Due Date Skipped	Due Date Skipped
Date of last skip:	Date of last skip:	Date of last skip:
Skips for Loan YTD	Skips for Loan YTD	Skips for Loan YTD
Fee: Fee Amount:	<u>\$</u> T	aken From:
References:		
Name	Address	Phone Number
Name	Address	Phone Number
loan payoff date. I/We further will not affect the payment reco further understand I/we are only	understand that the postponed ord. Interest will continue to be offered three (3) skip-a-payments are being paid by disability in	nd the postponed payment will change the origina payment will be added to the end of the loan and e calculated on the outstanding loan balance. I/We ents for the life of each loan, and only one (1) per six insurance, a postponement will not be granted. The ement.
Signatures:		
Borrower 1	Date	Borrower 2 Date
Owner of Collateral	Date	Trona Valley Credit Union Date