



(406) 862-2652 FAX (406) 862-4891

BORROWER'S NAME AND ADDRESS		ACCOUNT NUMBER	NMLS NUMBER (if applicable)
CO-BORROWER'S NAME AND ADDRESS		LOAN NUMBER	DATE OF LOAN
IN THIS AGREEMENT, THE WORDS "YOU," "Y CREDIT UNION.	OUR" AND "YOURS" MEAN ALL THOSE	NAMED AS BORROWERS. THE WORDS	US "WE," "US" AND "OUR" MEAN PARK SIDE
This Skip Payment Request and A skip payment option on your loa Agreement") for the above- referen	n. The terms and conditions	s of your note, loan agreeme	ent, or credit agreement ("Loan
Skip payment requests are subject GAP policy payout in a total loss cl		al. If a GAP policy is in force de	ferred payments may reduce the
Skip Payment. This allows be charged a nonrefundab		Please select the payment you v	vould like to defer below. You will
Payment to be skipped: \$_	due		(month and year).
the month you skipped, u	nder the original terms of you		the month immediately following ill continue to accrue during the
Please indicate how you would like	to pay the fee:		
Transfer from my Account	(specify):		
Cash or Check (enclosed)			
By signing below, you agree to mo Agreement and promise to pay a Payment Agreement. All other term	Il amounts due according to	the terms of your Loan Agree	ement, as modified by this Skip
BORROWER'S SIGNATURE	DATE	CO-BORROWER'S SIGNATURE	DATE
x		x	