

SKIP-A-PAYMENT COUPON

Please select only one of the following months:

November

December

January

Name _____

SSN _____

Loan Acct# _____

Loan Acct# _____

Loan Acct# _____

Signature _____

Signature _____

Instructions: Complete this form and return it in person or mail to us at Members Heritage FCU, 440 Park Place, Lexington, KY 40511. **Please Note: All parties signed on the loan must sign the coupon.**