

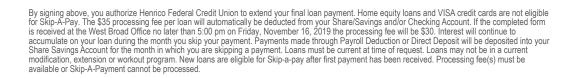


SKIP YOUR DECEMBER LOAN PAYMENT

Signature

Name:			
Daytime Phone #			
Co-signer Name (if applicable)			
Please indicate the loan(s)* you wish to skip:			
Member #	_ Loan #	(Auto/Personal)	
Member #	_ Loan #	(Auto/Personal)	
Member #	_ Loan #		

Mail to:
Henrico FCU
Skip-A- Pay
9401 West Broad St.
Henrico, VA 23294
or drop off at any branch.



Date