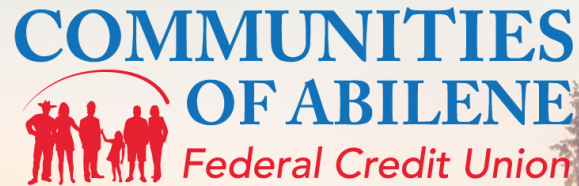


Communities of Abilene Skip-A-Loan

- Skip-A-loan payment for \$15.00 per loan.
- (\$10 goes to Stick Horses & Capes and Camp Able and \$5 processing fee)
- You may skip November or December payment but **NOT BOTH**. Eligible loan products are Signature, Car, Truck, Motorcycle, ATV, or Jet Ski loans only. All other loan products **ARE NOT** eligible. **All requests must be received at least 5 business days prior to payment due date.**
- Offer ends December 31st, 2025



Certain restrictions apply. All of your accounts must be in good standing with no delinquency over 30 days in the last 12 months. Loan must not have or had any deferred payments other than seasonal Skips from life of loan. New collateralized loans must have had a minimum of 3 monthly payments made. Proof of insurance must be provided on collateral loans. Cosigners on any loan must also sign the Skip-A-Loan payment request. By skipping any loan payment(s) you will extend your final loan payment(s) by one monthly payment, two semi-monthly payments, or two bi-weekly payments, whichever is applicable. Loans paid by payroll deduction, allotment or automatic transfer will be stopped for one month. The payment amount will remain in the original deposit account. Interests will continue to accrue on your loan(s). Contact the Credit Union for more specific details.



**Skip-a-Loan PAYMENT offer ends December 31, 2025. Return the completed form to
3661 N 6th Main Office or 3350 Rolling Green Branch
It can also be faxed to 325-673-0069**

CoAFCU MEMBER information:

Full Name: _____

Address: _____

Daytime Phone: _____

Email: _____

CoAFCU ACCOUNT information:

Account number _____

Loan Suffix(es) _____

I want to skip a loan payment for: ☐ November 2025 or ☐ December 2025

☐ Donation enclosed or ☐ Debit Donation from my account (\$15 per loan) (**Proof of Insurance on Collateral loans**)

"Donations are collected or debited from account upon receipt of the skip-a-loan payment from request."

Member Signature: _____

Date: _____

Cosigner's Signature: _____

Date: _____