



345 S. Magnolia Dr., Suite F-1
 Tallahassee, FL 32301
 Fax: 850-402-5334

LOAN PAYMENT SKIP REQUEST

Name:	Member Account Number:
Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Email Address:	Cell Phone:

Loan Payment to be skipped: _____ / _____ (Month/Year)

Loan Number:	Loan Number:

I understand that a minimum of two weeks notice is required to Skip-A-Payment and have referred to the current fee schedule for the change in term fee to be assessed. I also understand that my account must be in good standing to be eligible for the Skip-A-Payment* program.

Member Signature

Date

* Members that have purchased GAP (Guaranteed Auto Protection) are responsible for skipped payments in the event of a claim deficiency on a GAP loss.

Internal Use Only	Sent/Requested Via: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> In Person	
_____/_____/_____ Date Received	_____/_____/_____ Date Entered	_____ Employee Initials and Teller No.