

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



**LOAN PAYMENT SKIP REQUEST**

<b>Name:</b>	<b>Member Account Number:</b>
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>

Loan Payment to be skipped: \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

<b>Loan Number:</b>	<b>Loan Number:</b>

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.

<b>Internal Use Only</b>	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.