



345 S. Magnolia Drive
 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 understand that my account must be in good standing to be eligible for the Skip-A-Payment* program. I understand I must make 6 months of consecutive monthly payments prior to being granted a skip payment. All indirect loans must make 12 months of consecutive payments prior to first skip payment.

_____ **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.