

## Skip-A-Pay Application

I wish to skip the following payments:  November  December  January

Name: \_\_\_\_\_ Loan Number(s): \_\_\_\_\_

By signing below I acknowledge that I understand and agree to the terms of the skip-a-payment program. For auto loans, please include your current mileage here: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-signer: \_\_\_\_\_ Date: \_\_\_\_\_