

SKIP-A-PAYMENT REQUEST FORM

Name _____ Account Number _____

Daytime Phone _____ Email _____

**Please complete the form below and fax to 412-650-3482 or mail to
700 Regis Avenue, Pittsburgh, PA 15236**

- You may choose to skip 1 or 2 (consecutive) months.
- Not all loans types are eligible and requests are subject to a credit report review.
Please contact a loan officer at 412-650-2600 for more information.

Loan Sfx _____ Month(s) to skip: June _____ July _____ August _____

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By choosing to skip 1 or 2 loan payments during the month(s) of June, July or August, I understand that interest will continue to accrue on the unpaid balance and the term of my loan will be extended beyond my initial contract date. I also understand that my payments are to resume in the month following the agreed skipped month(s).

By signing below I acknowledge that I have read and understand the terms stated, received a copy of this form and agree to pay the appropriate fee(s) once the request has been approved.

No Skip-A-Payment request will be processed without payment arrangements. Please check one:

_____ Transfer fee from my account _____ Sfx _____
_____ I will pay by check/cash (Check must accompany request if mailed.)

Signature _____ Date _____

Lending Department

_____ Approved _____ Denied By (lender) _____ Telephone # _____

Sfx _____ New Due Date _____ Sfx _____ New Due Date _____ Sfx _____ New Due Date _____

Fee Collected/Paid: \$ _____ Date: _____

Due Date Changes Completed by: _____ Date: _____

Tracker Completed by: _____ Date: _____

Current payment method: _____ Transfer from account (Transfer will be stopped for the month(s) of the requested skipped payment)

_____ Transfer from a Direct Deposit – Company Name _____

_____ ACH Origination – Date(s) of Origination _____

(If ACH is received on a bi-weekly basis, indicate the day of the week – Monday, Tuesday, etc.)

_____ Paper Payroll- Company Name _____

(If paper payroll pend form to PENDING otherwise pend to ESO)

ESO Department

Skip Payment Changes Completed by: _____ Date: _____