

Skip A Payment Authorization Form

By signing below, I understand the following:

- 1. By skipping a payment, the time it takes to pay off my loan will be extended.
- 2. Interest will continue to accrue on my loan.

For Office Use Only

Teller# ____

- 3. My payment for January 2020 will have a higher deduction for finance charges because I am skipping the December 2019 payment.
- 4. Monthly premiums for Credit Life/Disability will still be added to the loan on the skipped month.
- 5. A \$25.00 processing fee will be charged to my account (see below).
- 6. If I meet any of the exclusion criteria my payment will not be skipped.
- 7. All other terms of my loan agreement remain the same.
- 8. If I have GAP coverage my reimbursement will be reduced by the total of all the payment that I have skipped.
- 9. I must make my November 2019 payment to skip the December 2019 payment.

Do you normally make your loan payments by either of the following methods?	
☐ Automatic / payroll deduction from my account at McCoy	
☐ Automatic deduction from another financial institution	
Financial Institution Name	
Account Number	
How do you want to pay the \$25 Skip-A-Pay fee?	
☐ I enclosed a check (or money order) for \$25	
☐ Deduct the \$25 processing fee from my (check one)	
☐ McCoy Savings Account	
☐ McCoy Checking Account	
Borrower's Name (printed) Borrower's Signature	Date
Day time (best) phone number	
Email address	
Last 3 digits of Account Number: Loan Suffix	

This form must be received by November 29, 2019
Fax to 407-472-2786 Attention: Loan Center

Processed By (print) _