

Tioga State Bank

Skip-A-Payment Request
(Subject to Approval)

Customer Name: _____

Address: _____

Loan Number: _____

Due Date Skipped: _____

Payment Method: Check for \$25.00 made payable to Tioga State Bank
 Please directly debit the \$25.00 fee from my Tioga State Bank Checking or Savings Account Number _____

I (we) agree that (1) the due date of the next installment due on my (our) loan with you will be extended to one month after the maturity date of the loan before the extension, (2) I (we) will pay you a fee of \$25.00 for the extension, (3) because interest is payable on unpaid principal of the loan, the extension will increase the amount of interest payable on the loan and may make the final payment larger than previous installments and (4) the extension will not extend the time any group credit insurance on the loan will remain in effect. This extension in no way otherwise alters the terms and conditions of the original loan contract(s) as previously disclosed to me.

This request must be signed by all persons obligated on the loan:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Office: _____	Date Received: _____
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Loan Operations Use Only:	
Approved By: _____	Date: _____
Processed By: _____	Date: _____