

SKIP-A-PAY AGREEMENT FORM
(THIS FORM MAY ONLY BE USED FOR CUSTOMERS ELIGIBLE FOR
THE SKIP A PAY OFFER)

Name: _____
Last Four of Loan Number: _____
FEE DUE: \$ _____

I request The Callaway Bank to collect the fee due as my agreement to defer one month payment. I understand interest will continue to accrue. I understand that my payment due date and loan maturity date will be advanced one month. My new loan maturity date will be ____/____/____. I understand that if I have Credit Life and/or Accidental Health/Disability on my loan, coverage will not be extended to meet my new maturity date and that coverage may terminate prior to the new maturity date of my loan.

Method of payment (select one):

- I have enclosed my check payable to The Callaway Bank.
- Please transfer funds from my Callaway Bank Account # _____

SIGNATURE.

SIGNATURE