



Skip-A-Payment Request Form

Customer Name:	Joint Customer Name:
Account Number:	Phone Number:

Choose the month you wish to Skip-A-Payment:

(Circle Only One) November 2023 December 2023 January 2024

All persons who signed the original loan document must sign this request form.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Mail or deliver your request form to your closest Community Bank branch.

By participating in the Community Bank Skip-a-Payment program, you request that Community Bank defer your loan payment as indicated above. You agree and understand that 1) Skip-a-Payment requests are based on approval criteria established by Community Bank; 2) You must be a customer in good standing and all loan payments must be current to qualify; 3) Community Bank has the right to refuse any Skip-a-Payment requests; 4) If approved you will be given the option to skip only one monthly payment between November 1, 2023 and January 31, 2024; 5) Finance charges will continue to accumulate on your loan at the rate provided in your original loan agreement during and after this time; 6) Deferring your loan payment will result in you having to pay higher total Finance Charges than if you made your payments as originally scheduled; 7) The payment deferral will extend the terms of your loan by one month and you will have to make extra payments after your loan would otherwise be paid off; 8) Any credit insurance product now in effect may not provide insurance protection beyond the original maturity date; 9) Your regular payment schedule will resume on the month following the month you select to skip your payment. Contact a loan officer at any of our locations for more information.

BANK USE ONLY Lender _____ Date _____

CAMERON BRANCH
101 West Main Street
Cameron, WI 54822
(715) 458-2513

GRANTSBURG BRANCH
114 East Madison Avenue
Grantsburg, WI 54840
(715) 463-3456

SIREN BRANCH
24006 State Road 35/70
Siren, WI 54872
(715) 349-7499

