



**EMPRISE
BANK®**

Skip-a-Pay Application Form

Consumer Loans Only

Skip-a-Pay Qualifiers

All of the following criteria must be met to be eligible to skip a loan payment

- ✓ You need to have made at least 6 payments.
- ✓ Your loan must not have received any late payments within the last 24 months.
- ✓ Your loan must not be a Line of Credit or secured by real estate.
- ✓ You cannot skip more than two payments within a rolling 12 month period.
- ✓ Your Skip-a-Pay coupon must be received by Emprise Bank's loan department no later than 7 days before the loan payment due date.

Borrower's Name

Loan Account Number

Co-Borrower's Name

Month one requested to skip*

Daytime Telephone

Month two requested to skip*

*Requested payment to skip must be within the next six months. Cannot request to have payments that have already been made refunded back to you.

Yes, I want to skip my payment!

Borrower's Signature

Date / /

(All borrowers who signed the loan are required to sign this coupon)

Co-Borrower's Signature

Date / /

Bank Authorization

Interest will continue to accrue during the month of your skipped payment(s). Your final payment will include the amount of your skipped payment plus accrued interest. Your loan maturity date will be extended one month for each payment skipped, except for the credit life or disability insurance (if applicable) which expires on the original maturity date. The period of insurance coverage does not change with this loan extension. The terms of your existing note will remain in full force and effect except as extended by this coupon. This document, together with the other written agreements of the parties, is the final expression of the agreement between the parties. Offer not valid on commercial or business loans, conventional mortgages, lines of credit, or any other property secured by real estate. Emprise Bank reserves the right to deny this offer for any reason.

Mail, fax, or drop off this form at your local Emprise Bank Branch
Emprise Bank
Attn: Loan Services
PO Box 2970
Wichita, KS 67201

Fax: 316.383.4380

For Office Use Only

Scan Date:

Process Date:

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