

146 South Liberty Dr. Unit 11B  
P.O. Box 121  
Stony Point, NY 10980  
845-942-0020 \* Fax 845-942-2810

### Skip A Payment Form

I hereby request New City Funding Corp. to waive my next loan payment by signing below for the following reason:

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Account Number: \_\_\_\_\_

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Borrower Name (Please Print)	Borrower Signature	Date
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I understand that the terms and conditions of my loan agreement will apply except there will not be any regular monthly payments required during the deferral period set forth above. Interest will continue to accumulate on your loan during the month(s) you skipped your payment, deferral of my regular or minimum monthly payments will result in my having to pay higher FINANCE CHARGES, and my loan repayment schedule will be extended. (Under some circumstances, your payment may not cover the finance charges (interest) that accrue and “negative amortization” could occur.) Thereafter, I must make my regular monthly payment.

Please return the completed form via mail to the address above or fax to (845) 942-2810, or email to newcity1@yahoo.com.

For Office Use Only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_