

# Mortgage Subordination Authorization Form

**Form Instructions:**

- 1 — Complete all applicable fields.
- 2 — Print completed form.
- 3 — Sign and date the signature section.

**Return to:**

Delta Community Credit Union  
ATTN: Mortgage Servicing Department  
315 Hwy 74 North  
Peachtree City, GA 30269  
Fax: 770-632-8829

**Member Information**

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Primary Member

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Delta Community Account Number

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Loan Number / ID

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Property Address

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City, State, Zip Code

I request that Delta Community debit my account for the subordination fee in the amount of \$100.00. I understand the non-refundable fee is required before the subordination request can be processed.

I authorize a one-time debit of \$100.00 from my Delta Community Credit Union account

**Signature**

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Borrower's Signature

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Date

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Daytime Phone Number

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Co-Borrower's Signature

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Date

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Daytime Phone Number

