2nd Mortgage Payment Form

HEC, HELOC, and I/O HELOC Loans

Delta Community CREDIT UNION

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

Primary Member Name _____ Joint Borrower Name _____ Delta Community Account Number _____

Set up an ACH payment from an Outside Financial Institution (complete Box 1)

BOX 1: Electronic Loan Payment Agreement Authorization

To transfer funds from an outside financial institution, complete the following:

Transfer from: ☐ Checking ☐ Savings _____ Financial Institution _____ Routing Number _____ Account Number

OR

Set up an Automatic Transfer from a Delta Community Account (complete Box 2)

BOX 2: Automatic Transfer Information

To transfer funds from your Delta Community account, select one of the following:

Transfer from: ☐ Checking ☐ Savings ☐ Money Market _____ Account ID

Apply payment to a Delta Community Second Mortgage Loan

Loan Payment Information

Pay to Account #-Loan ID:

Amount to Transfer (check one): ☐ Minimum amount due **OR** ☐ Fixed amount: $ _____

Due Date: _____ *Payments will be transferred monthly on the due date*

Start Date: _____ *Form must be received 15 days before the start date*

Terms and Conditions

This authorization is to remain in effect until Delta Community Credit Union has received notification from me (or the co-borrower) in writing of its termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it. If necessary, I authorize Delta Community Credit Union to make debit or adjustment entries for credits made in error. If minimum amount due is selected, the amount drafted monthly will be in accordance with any future changes made to my total payment amount. If fixed amount is selected and the minimum payment exceeds the fixed amount, I will notify the Credit Union in writing if I wish to increase the transfer amount. By submitting this Second Mortgage Payment Form, I acknowledge receipt of a copy.

Signature

Primary Member Signature _____ Joint Borrower Signature _____ Today's Date _____

EQUAL HOUSING LENDER

Insured by NCUA.

P.O. Box 20541, Atlanta, GA 30320

Telephone: (404) 715-4725 **Toll-Free:** (800) 544-3328 **Web:** DeltaCommunityCU.com