

1st Mortgage Payment 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

Primary Member _____ Joint Member _____ Delta Community Account Number _____ Loan Number _____

Address _____ City, State, Zip Code _____

Transaction Information**Electronic Withdrawal/Deposit Agreement Authorization**

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

Withdraw from: Checking Savings

Financial Institution _____ Routing Number _____ Account Number _____

Transfer Amount: \$ _____ Start Date: _____

To which Delta Community account would you like to deposit the funds?

Deposit To: Checking Savings Money Market _____
Account Number

Automatic Transfer Information

To set up an automatic payment to your Delta Community Mortgage Loan from the Delta Community account specified above please complete the following:

Property Address _____ City, State, Zip _____ Loan Number _____

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. The amount drafted monthly will be in accordance with any future changes made to my total payment amount. Mortgage payments are due on the first of each month. Delta Community Credit Union requires receipt of this form 15 days before the start date.

Signature

Primary Member Signature _____ Today's Date _____ Daytime Phone Number _____

Joint Member Signature _____ Today's Date _____ Daytime Phone Number _____

