1st Mortgage Payment Form

EQUAL HOUSING



 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 N	Member	Delta Commun	Delta Community Account Number Loan Number		
ddress				City, State, Zip Code		
Transaction Informatio	n					
Electronic Withdrawa	I/Deposit Agreem	ent Authorization				
To transfer funds from	n an outside finar	ncial institution, cor	nplete the following:			
Withdraw from:	Checking	Savings				
Financial Institution	F	Routing Number		Account Number		
Transfer Amount: \$	ransfer Amount: \$			Start Date:		
To which Delta Comn	nunity account wo	ould you like to dep	osit the funds?			
Deposit To:	Checking Savings		Money Market			
· ·		_	-	Account Number		
Automatic Transfer In To set up an automat above please comple	ic payment to you	r Delta Community	Mortgage Loan from the	e Delta Community a	account specified	
Property Address		City, State, Zip		Loan Number		
termination in such time and Union to make debit or adju	d manner as to afford stment entries for cre	the Credit Union a reasedits made in error. The	ion has received notification sonable opportunity to act on amount drafted monthly will ch month. Delta Community	it. If necessary, I author be in accordance with a	ize Delta Community Credit ny future changes made to	
Signature						
Primary Member Signature		Today's Date		Daytime Phone N	Number	
Joint Member Signature		Today's Date		Daytime Phone N	Number 05.23 page 1/1	
Insured by NCL	IA.	Telephone: (40	4) 715-4725 Toll-Free: (8		0541, Atlanta, GA 30320 DeltaCommunityCU.con	