



Member Account Number _____

Print Primary Borrower Name _____

Print Joint Borrower Name _____

MORTGAGE ACCELERATOR PROGRAM (MAP)

MORTGAGE ACCELERATOR ACCOUNT

Distribution

I authorize the Credit Union, on the first business day of each month, to transfer the balance of my Mortgage Accelerator Account:

From Mortgage Accelerator Account Number _____ Share ID: _____

Credit To Mortgage Loan Number _____ Authorization Number _____

I agree that my MAP account will be established provided I have signed below authorizing automatic transfers from my existing savings or checking account. I agree that over-the-counter deposits are permissible but shall not take the place of the automatic transfer. I agree that if I withdraw funds from this account, my participation in the MAP program will be automatically terminated. I agree that the ownership of this MAP Share account will be held in the names of the current Mortgage Loan noted above.

Primary Account Holder Signature Joint Account Holder Signature Date

Contribution

Add New Payment Cancel Existing Payment Cancel Existing Payment **AND** Add New Payment

Frequency Bi-weekly Weekly Semi-Monthly

From Member Account Number _____ Share ID _____ \$ _____
Amount

Credit To Mortgage Accelerator Account Number _____ Share ID _____
Start Date* _____

Authorization Number

* This date must be at least 4 weeks before the next mortgage payment is due or a start up contribution may be required. I agree that the Mortgage Accelerator Program is a withdrawal from my MAP deposit share and a credit to the Mortgage Loan stated on this form. I agree that if there are insufficient funds in my MAP Share ID for the full payment on the morning of the first business day of the month the available funds will be applied to the mortgage loan and that I will be responsible for the balance of the payment due. If no transfer is made or if the transfer amount is insufficient to satisfy the amount of the payment due, then my mortgage loan payment must be paid by cash, check or transfer on or before the 15th day of the month to avoid late fees. Payment transfers will be canceled only upon request received by the Credit Union at least three (3) business days before the scheduled transfer date or after three (3) instances of no transfer due to insufficient funds. Payment transfers will be shown on my Account statement. I understand there will be no separate notice of payment transfers.

Primary Account Holder Signature Joint Account Holder Signature Date

CREDIT UNION USE ONLY

Telephone Request Received by Operator No.: _____ Date: _____ Time: _____

**ALL MAINTENANCE FOR THIS PROGRAM MUST BE PERFORMED BY A REAL ESTATE SERVICING OPERATOR
Important: Distribution must be entered prior to the Contribution.**

Maintenance By Real Estate Servicing Operator No.: _____ Date: _____