

P.O. Box 1071 | Poughkeepsie, NY | 12602-1071 845.463.3011 | hvcu.org

Member Account Number				
Print Primary Borrower Name				
Print Joint Borrower Name				

MORTGAGE ACCELERATOR PROGRAM (MAP)

Distribution	MORTGAGE A	ACCELERATOR ACCOUNT	
I authorize the Credit Union, on the first l	ousiness day of each	month, to transfer the balance of my Mo	ortgage Accelerator Account:
From Mortgage Accelerator Account Number		Share ID:	
Credit To Mortgage Loan Number			Authorization Number
I agree that my MAP account will be establish account. I agree that over-the-counter deposit from this account, my participation in the MA be held in the names of the current Mortgage	s are permissible but sh P program will be auto	nall not take the place of the automatic transf	fer. I agree that if I withdraw funds
Primary Account Holder Signature		Joint Account Holder Signature	Date
Contribution			
☐ Add New Payment ☐ Cancel Exis	sting Payment	☐ Cancel Existing Payment <u>AND</u> Add	New Payment
Frequency	☐ Weekly	☐ Semi-Monthly	
From Member Account Number		Share ID	\$Amount
Credit To Mortgage Accelerator Account Number		Share ID	Start Date*
* This date must be at least 4 weeks before I agree that the Mortgage Accelerator Program agree that if there are insufficient funds in my funds will be applied to the mortgage loan and amount is insufficient to satisfy the amount of the 15 th day of the month to avoid late fees. Pabusiness days before the scheduled transfer day on my Account statement. I understand there	n is a withdrawal from MAP Share ID for the I that I will be responsi the payment due, then syment transfers will be te or after three (3) insi	my MAP deposit share and a credit to the M full payment on the morning of the first bus ble for the balance of the payment due. If no my mortgage loan payment must be paid by a canceled only upon request received by the tances of no transfer due to insufficient fund	ortgage Loan stated on this form. I iness day of the month the available of transfer is made or if the transfer cash, check or transfer on or before a Credit Union at least three (3)
Primary Account Holder Signature	——————————————————————————————————————	int Account Holder Signature	Date
	Credi	T UNION USE ONLY	
Telephone Request Received by Op	erator No.:	Date:	Time:
		BE PERFORMED BY A REAL ESTATE SE	
Maintenance By Real Est	ate Servicing Operat	or No.: Date:	