FIFTH THIRD BANK

Early Mortgage Pay-Off Plan Enrollment Form

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Day of the month your mortgage payment is due: _____

Loan Number: _____ Monthly Mortgage Payment Amount $_____

❑ **Yes, I want to enroll in the Early Mortgage Pay-Off Plan with the following terms (check one):**

- ❑ Start automatic **biweekly** (every other Wednesday) transfers from my checking or savings account at the financial institution indicated on the Automatic Transfer Authorization section below.
- ❑ Start automatic **semi-monthly** (the 15th and last day of each month) transfers from my checking or savings account at the financial institution indicated on the Automatic Transfer Authorization section below. **NOTE: If you choose this option, you will not save mortgage interest unless you enter an Additional Monthly Principal Payment below. To obtain approximately the same interest savings as the biweekly option, specify an amount equal to 1/12 of your regular monthly payment.**
- ❑ Start automatic **weekly** (every Wednesday) transfers from my checking or savings account at the financial institution indicated on the Automatic Transfer Authorization section below.

1) I understand that my cost to participate is a non-refundable $295.00 enrollment fee. The amount of the biweekly or semi-monthly transfer will be one half (1/2) of the amount due monthly on my mortgage, plus one half (1/2) of any additional monthly principal specified below, plus a service fee of $1.50. The amount of the weekly transfer will be one quarter (1/4) of the amount due monthly on my mortgage, plus one quarter (1/4) of any additional monthly principal specified below, plus a service fee of $1.50. If I choose to pay my enrollment fee with the Deferred Enrollment Fee Option, I understand that Fifth Third Bank will deduct the $295.00 enrollment fee from my first extra principal payment(s).
2) Fifth Third Bank will make monthly mortgage loan payments when due (provided sufficient funds are available in my designated bank account to cover the biweekly, semi-monthly or weekly drafts). Transferred funds are held without interest until applied to the monthly mortgage payment. In addition, under the biweekly option, half of my monthly payment amount will be applied to my principal balance twice per year; under the weekly option, one quarter of my monthly payment amount will be applied to my principal balance four times per year. Any additional monthly principal is applied monthly.
3) I will maintain sufficient funds on deposit in my checking or savings account to allow for biweekly, semi-monthly or weekly transfers. If the funds on deposit in my designated bank account are not sufficient to make these transfers, standard NSF charges will apply. If NSF occurs, EMPP enrollment will reactivate as follows: At the next regularly scheduled transfer date, Fifth Third Bank will recover the original payment missed, plus the current payment due, plus the prevailing NSF charge. If NSF occurs more than two times during the term of the program, this agreement may be subject to termination.
4) The Fifth Third Early Mortgage Pay-Off Plan is a service provided by EMPP, Inc. EMPP is not an affiliate of Fifth Third Bank. EMPP is under contract with Fifth Third Bank to exclusively offer mortgage acceleration services to Fifth Third mortgage customers. Fifth Third Bank processes all draft transactions and monthly payments while EMPP administers all aspects of the plan.
5) I will notify EMPP promptly of changes relating to my lender, loan payment amount, bank account or account number of my checking or savings account being drafted for the mortgage payments.
6) I will provide any additional forms or information that EMPP may from time to time reasonably request to maintain my enrollment in EMPP.
7) The signature(s) below indicate(s) that I (we) understand and agree to all of the above terms of this enrollment.

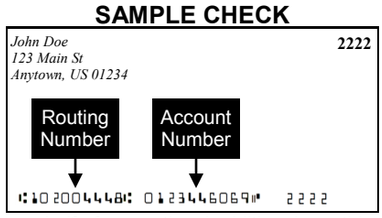
Signature(s) of Borrower(s) _____ **Date** _____

Automatic Transfer Authorization

Note: A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST ACCOMPANY THIS AUTHORIZATION.

Monthly Payment Amount	Exact Name(s) on Account to be Charged	
Type of Account (Check one) ❑ Checking ❑ Savings	Bank Routing Number	Checking/Savings Account Number
Bank Name	Optional Additional Monthly Principal Payment	

SAMPLE CHECK



To Fifth Third Bank: You are authorized to charge the above account for one half of my monthly payment amount, plus one half of any optional additional monthly principal specified above, plus a $1.50 service fee, every two weeks (biweekly) or twice per month (semi-monthly). If I've selected the weekly drafting option the weekly amount charged will be 1/4 of my monthly payment amount, plus 1/4 of any optional additional monthly principal, plus a $1.50 service fee. You may continue to charge the above account until you receive my written cancellation.

Signature _____ **Date** _____

CHOOSE YOUR ENROLLMENT OPTION:

- ❑ **Check enclosed for $295.00 (Payable to EMPP).**
- ❑ **Charge $295.00 to the above bank account.**
- ❑ **Charge $295.00 to my credit card (Complete credit card section below).**
- ❑ **Deferred Enrollment Fee Option—Deduct $295.00 from my first extra principal payment(s).**

TO ENROLL BY PHONE
CALL 1-800-931-3677
OR ENROLL ONLINE
www.empp.com/53

_____
Name (please print)

_____
Address Bldg./Apt. No. City State Zip

VISA MasterCard DISCOVER Charge $_____ to my ❑ VISA ❑ MasterCard ❑ Discover

Credit Card # | | | | | | | | | | | | | | | | Exp. Date _____ Signature _____

RETURN THIS FORM IN THE POSTAGE-PAID ENVELOPE

EMPP Processing Center, P.O. Box 32020, Phoenix AZ 85064-9953