

EMPP[®] Early Mortgage Pay-Off Plan Enrollment Form

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Mortgage loan Number: _____ Monthly payment: \$ _____ Day of the month payment is due: _____

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

- 1) Start automatic biweekly (every other Wednesday) transfers from my checking or savings account at the financial institution indicated on the Automatic Loan Payment Authorization section below.
- 2) I understand that my cost to participate is a non-refundable \$295.00 enrollment fee. The amount of the biweekly transfer will be one half of the amount due monthly on my mortgage, plus a service fee of \$1.00. If I choose to pay my enrollment with the Deferred Enrollment Fee Option, I understand EMPP will deduct the \$295.00 enrollment fee from my first extra principal payment(s).
- 3) EMPP will make monthly mortgage loan payments when due (provided sufficient funds are available in my designated bank account to cover the biweekly drafts). Biweekly transfers are held without interest until applied to the monthly mortgage payment. In addition, twice a year, half of my loan payment amount will be applied to my principal balance.
- 4) I will maintain sufficient funds on deposit in my checking or savings account to allow for biweekly transfers. If the funds on deposit in my designated bank account are not sufficient to make biweekly transfers, standard NSF charges will apply. If NSF occurs, EMPP enrollment will reactivate as follows: At the next regularly scheduled transfer date, EMPP 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.
- 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 the Early Mortgage Pay-Off Plan.

The signature(s) below indicate(s) that I (we) understand and agree to all of the above terms of this enrollment.

Signature of Borrower **X** _____ Date _____

Signature of Borrower **X** _____ Date _____

Automatic Loan Payment Authorization

Please complete and sign, so we may properly transfer your payments. **Please include a voided check or savings deposit slip.**

1. Monthly Payment Amount	2. Exact Name(s) on Account to be Charged
3. Type of Account (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	4. Bank Name
5. Checking or Savings Account Number	6. Optional Additional Monthly Principal Payment

To EMPP: You are authorized to charge the above account for one half of my total monthly mortgage payment amount every two weeks plus a \$1.00 service fee. You may continue to charge the above account until you receive my written cancellation.

Signature **X** _____ Date _____

Signature Above Must Be Authorized To Withdraw From Account

Choose an enrollment option:

- Check enclosed for \$295.00 (Payable to EMPP, Inc.)
- 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

**Fax this form to
1-800-400-9024**
or mail to EMPP Processing
Center, PO Box 32020, Phoenix
AZ 85064-9953
**TO ENROLL BY PHONE CALL
1-800-510-3677**

Name (please print) _____

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



Charge \$ _____ to my VISA MasterCard Discover

Credit Card #

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Exp. Date _____ Signature _____