MORTGAGE SAVINGS PROGRAMTM CHANGE FORM

*Note: This form is intended for the sole purpose of notifying AAA Financial Corporation of any changes in your mortgage (i.e. interest rate changes, escrow fluctuations, change of lender). Enrollment #: Client Name(s): Property Address: ______ Phone: (____) __-___ **Change Bank Account to be Debited Change Monthly Payment Amount** Effective PAYMENT Date: ____/____ Effective DEBIT Date: / / Principal & Interest \$_____ *Note: A pre-printed voided check or coded deposit slip must be provided. No starter checks accepted. Taxes & Insurance Additional Principal \$_____ CHECKING Circle one: SAVINGS New Total Payment \$_____ Bank Address: **Change Lender** Effective PAYMENT Date: ____/___ **Change Debit Option** Lender Name: _____ Effective DEBIT Date: ____/___ Lender Phone: (_____) ____-___ Circle one: BI-WEEKLY SEMI-MONTHLY Payment Address: _____ Change Start Date to: ____/___ Circle one: SINGLE DEBIT DOUBLE DEBIT Loan Amount: \$_____ Type: _____ *Note: If requested start date is not available, the Term: _____ months Interest Rate: _____ next available debit date will be assigned. Loan Number: _____ Date of First Payment: ____/___ **Change Account Status** Due Date: _____ Grace Period: _____ Effective DEBIT Date: ___/___/ *Note: Lender payment coupon must be provided. ACTIVE HOLD Circle one: CANCEL Circle one: HOLD FUNDS REFUND BALANCE **Change / Add Client Information** Mailing Address:_____ Home #: (____) _____ Work #: () -Other Changes: Acknowledgement If your change is not clear, it will cause delays in processing. Status changes require a 30-day written notice to insure implementation. By signing below, you acknowledge all sections were read, understood and agreed to. Client Signature Please submit this form to: AAA Financial Corporation Phone: (800) 881-2530 9600 West Sample Road, Suite 301 Fax: (954) 344-0257 Coral Springs, FL 33065 Email: <u>Info@aaafinancial.com</u> Website: www.aaafinancial.com Revised March 2008