

PAYMENT CHANGE REQUEST FORM



SINCLAIR-COCKBURN
MORTGAGE INVESTMENT CORPORATION

Authorization of the Payor to Change Monthly Payment Date

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.

PAYOR INFORMATION *(Please type or print clearly)*

Name(s): _____ Mortgage #: _____

Address: _____
Street Apt/Unit #

_____ City/Town Province Postal Code

Telephone Number: ([] [] [] []) [] [] [] [] - [] [] [] []

CURRENT PAYMENT FREQUENCY

Monthly: _____
Day of the month

PAYMENT DATE CHANGE

Please change my payment date to the _____ of the month.

NEW PAYMENT FREQUENCY

Payment frequency change, I acknowledge that a \$50.00 fee will apply. (Please select one of the following)

- \$50.00 will be sent with form Please add the \$50.00 fee to my mortgage

Monthly Payments: _____ , _____
day of the month starting the month of

I/We request that the following changes be made on my mortgage account with Sinclair-Cockburn Mortgage Investment Corporation. **I understand that there may be an Interest Adjustment amount due.** Subject to the mortgage being current/up-to-date, please modify certain mortgage provisions as follows:

The Interest Adjustment amount, which is due and payable upon completion of the change is \$_____.

I/We acknowledge that all terms and conditions of the mortgage remain unchanged and are valid and effective except as modified above and that **changes will not be in effect until this request has been agreed to by Sinclair-Cockburn Mortgage Investment Corporation.**

I/We am/are aware, that due to this request, the **maturity date** will change accordingly to reflect the aforementioned changes.

I/We acknowledge receipt of and concur with the information statement enclosed.

FOLLOW UP with your mortgage administrator once form is sent as it is your responsibility to ensure that it was received.

Signed this _____ day of _____, 20 _____

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

When the form is complete, mail or fax to:

Sinclair-Cockburn Mortgage Investment Corp.
9140 Leslie Street, Unit 405
Richmond Hill, Ontario L4B 0A9
Toll Free: 1-877-243-4575 Fax:416-762-3377
E-mail: financial@scfg.ca