Payment Frequency/ Date Change Request Form



Mortgage Number:		Security Address:			
Monthly:					
	day of the month	starting the month of			
Semi-monthly	y: Paid twice per month on	the 1st and 15th day of th	ne month		
			starting the n	nonth of	
Bi-weekly: Or	n, with the first p	the first payment being taken on the		of	
	day of the week (Mon, Tues, etc.) day		day of the month (1st, 2nd, 3rd	of the month (1st, 2nd, 3rd)	
Weekly: Or	day of the week (Mon, Tues, etc	ayment being taken on the c.)	e , in the month day of the month (1st, 2nd, 3rd		

I/We acknowledge that a \$50.00 administration fee may apply.

I/We request that the following changes be made to my/our mortgage account with Community Trust Company. I/We understand that there may be an Interest Adjustment amount due. Please select one of the following options for the one-time interest adjustment amount and fee, if applicable:

Capitalize (add to principal balance)

To be debited from your pre-authorized debit account on the date of your choice

Collect via next payment due date

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

Signed this ______ day of ______, 20____.

Signature:

Signature (if applicable):

Borrower name (print):

Borrower name (print):

Please send the signed and fully completed request form to Community Trust Company, **Attention Mortgage Servicing** via mail to 2350 Matheson Boulevard East, Mississauga, ON L4W 5G9, or via email to **mortgageservicing@communitytrust.com**.

If you have any questions, please contact the Mortgage Servicing Department at 1(800)268-1576.