



PRINCIPAL REDUCTION REQUEST

Please fax this form to 303-379-4798 or email to loans@thesolomonfoundation.org

1. LOAN INFORMATION

Church Name _____

Phone _____

2. PAYMENT REQUEST

One-Time Principal Reduction

Loan # _____

I would like to make a one-time principal reduction of \$ _____ to the loan referenced above.

Recurring Principal Reduction

Loan # _____

I would like to make a recurring principal reduction of \$ _____ to the loan referenced above.

with my monthly mortgage payment

weekly on _____ (specify day of week, Monday through Friday only)

monthly on the _____.

3. ELECTRONIC FUNDS TRANSFER

Pull funds from my _____ (*bank name*) account on file ending in _____.

Pull funds from new bank account

Bank Name _____

Account Holder (*church or organization*): _____

Account Number _____

Routing (ABA) _____

4. ACKNOWLEDGEMENT

I acknowledge that this payment request is in addition to my monthly mortgage payment pulled on the 7th of each month. If this request is processed and the monthly payment has not been made, on the last day of the month the principal payment will be reallocated to cover the required payment.

Print Name _____

Church Title (*if applicable*) _____

Signature _____

Date _____