



## Mortgage Error Resolution Form

Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mortgage Account #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Please check the area(s) in which you believe the error/complaint pertains to:

- |  |  |
|--|--|
| <input type="checkbox"/> Principal               | <input type="checkbox"/> Interest                |
| <input type="checkbox"/> Property Taxes          | <input type="checkbox"/> Escrow Account Analysis |
| <input type="checkbox"/> Credit Reporting        | <input type="checkbox"/> Insurance – Homeowner   |
| <input type="checkbox"/> Insurance – Flood       | <input type="checkbox"/> Insurance – Mortgage    |
| <input type="checkbox"/> Forced-placed Insurance | <input type="checkbox"/> Other _____             |

Please describe the error and/or complaint: (use back of form if needed)

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Mail this form and supporting documents to:

**FirstLight Federal Credit Union**  
**Attn: Mortgage Servicing Department**  
**P.O. Box 4318**  
**El Paso, TX 79914**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date