

Intent to Repair

This is a required form. By completing this form, you verify your intent to repair the damage to your home.

Member(s) Name: _____

Mortgage Number: _____

Property Address: _____

I/We hereby certify that the loss draft/check issued by _____, check
(Name of Insurance Company)
number _____ in the amount of \$ _____, will be used to repair the

_____ damage to the above referenced property that
(Type of Loss)
occurred on _____, 20____, and the repairs will be made in a
workmanlike manner and no material or liens will occur as a result of the labor performed or materials
used. If notified that a valid license or evidence of bonding/insurance is required for any contractor(s)
related to these repairs, I/We will provide the requested information within 3 days of hiring the
contractor(s) and before work by the contractor(s) begins.

☐ I/We will be completing repairs to the property and will provide paid receipts for material and/or labor
used in completion of those repairs.

Member's Signature

Date

Co-Member's Signature

Date

Return to:

Regular Mail:

myCUMortgage
Attn: Escrow Dept.
PO Box 341344
Beavercreek, OH 45434

Overnight Mail:

myCUMortgage
Attn: Escrow Dept.
3560 Pentagon Blvd., Suite 301
Beavercreek, OH 45431

Phone Number: 877-912-8006

Fax Number: 937-912-8796