



Subordination Request Form

Blaze Account Information

Loan Number: _____
Borrower 1: _____
Borrower 2: _____
Subject Property: _____

Requestor Contact Information

Contact Name: _____
Company Name: _____
Phone Number: _____
Email Address: _____

1st Mortgage Information

New Lender Name: _____
Estimated Closing Date: _____
Purpose of Refinance: _____

Send the required fee and all documentation to:

Blaze Credit Union
Attn: Mortgage Servicing
2025 Larpenteur Ave W
Falcon Heights, MN 55113

