
FUNDING AUTHORIZATION

Transfer Type: ACH Wire (additional fees applicable)
Affiliated HFA: AHFA MHDC WSHFC MHC

Company Name: _____

Beneficiary

Account Name: _____

Account Number: _____

Beneficiary Bank

Account Name: _____

Routing or Account Number: _____

Intermediary Bank Information (if applicable)

Routing Number: _____

Address: _____

Additional Information:

The undersigned lender accepts responsibility to report to ServiSolutions any financial institution changes, account number changes, lender name changes or any other vital information necessary for transfer of funds. Failure to notify ServiSolutions could result in funding delays. ServiSolutions may rely on this authorization until it receives written notice of any change.

Signature

Title

Type Name

Date

Do Not Write Below This Line — for AHFA Use Only

Date Received

Date Entered

Initials

(3/12/2014)

(15.27)