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## WIRE FUNDING AUTHORIZATION

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**Affiliated HFA:**  ADFA

**Company Name:** \_\_\_\_\_

**Beneficiary**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Beneficiary Bank**

Bank Name: \_\_\_\_\_

Bank Routing 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

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**Do Not Write Below This Line — for AHFA Use Only**

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\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Initials