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## FUNDING AUTHORIZATION

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

**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

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

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

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

\_\_\_\_\_  
Initials