



Authorization Agreement for Funding Transfers

LENDER # _____

LENDER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE # (_____) _____

We hereby authorize the Wisconsin Housing and Economic Development Authority (WHEDA) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error via ACH Transfer to our account indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

New Agreement Revised Agreement

Funds will be transferred to:

Depository Name _____

City, State, Zip Code _____

Transit/ABA Number _____

Account Number _____

Type of Account Checking Savings

This authority is to remain in full force and effect until WHEDA has received written notification from us of its termination in such time and in such manner as to afford WHEDA and DEPOSITORY a reasonable opportunity to act on it.

WHEDA Advantage loans will be funded under one of the following (check one):

- _____ ACH – account information noted above
- _____ Wire transfer – bailee letter for each loan transaction
- _____ Wire transfer – all loans with instructions provided below:
 - Receiving Bank information:
 - Bank Name _____
 - Routing/ABA Number _____
 - For the Credit to:
 - Company Name _____
 - Account Number _____

Dated as of _____, 20 ____.

Signature

Print Name and Title

Send to:

qualitycontrol@wheda.com