



**Authorization Agreement
For Automated Clearing House (ACH) Transfers**

LENDER NAME _____ **LENDER #** _____

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 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.

Dated as of _____, 20 ____.

Signature

Signature

Print Name and Title

Print Name and Title

Two Signatures are Required

Send to:
**WHEDA
PO BOX 2209
MADISON WI 53701-2209**