



**WHEDA**

**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

Send to:  
**WHEDA-FARM  
PO BOX 1728  
MADISON WI 53701-1728 or CROP@WHEDA.com**