



WHEDA_{SM} Loan # _____
 Tax Credit Project # _____
 HUD Contract # _____
 Effective Date _____

**WHEDA Multifamily
 NEW or REVISED Authorization Agreement
 Automated Clearing House (ACH) Transfer**

Please check one

_____ Account Change _____ Agent Change
 _____ Owner Change

PROJECT NAME _____
 OPERATING ACCOUNT NAME _____
 OWNER ENTITY NAME _____
 STREET ADDRESS _____
 CITY, STATE, ZIP _____
 AUTHORIZED CONTACT PERSON _____
 TELEPHONE NUMBER _____

We hereby authorize Wisconsin Housing and Economic Development Authority hereinafter called 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 named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Note: Monthly mortgage payment withdrawals for WHEDA financed developments will occur on the 10th of the month.

Funds will be transferred to/from:

DEPOSITORY NAME _____
 CITY, STATE, ZIP _____
 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.

 OWNER NAME (please print)

 TITLE (please print)

 OWNER Signature

 Date

This agreement is completed as follows:

Please check one

Identify whether this is an account change, a change of management agent or an owner change.

EFFECTIVE DATE

Identifies the beginning date in which the account should be used. ACH Agreement will need to be submitted two weeks prior to the effective date in order to update systems.

PROJECT NAME

Fully list your project's name

PROJECT'S OPERATING ACCOUNT NAME

The name of the bank account to which these funds are credited and debited. List if different than above.

STREET ADDRESS -- CITY, STATE, ZIP

The address mailing should be sent to.

AUTHORIZED CONTACT PERSON

This is the name of the person at the project or owner entity that is responsible for verifying the project's account balances at the bank.

TELEPHONE NUMBER

The telephone number of the authorized contact person named above

DEPOSITORY NAME AND ADDRESS

The complete name and location of the banking institution where your funds will be credited or debited. Your bank must be an ACH member in order to receive commercial ACH transfers directly. Please check with your financial institution.

TRANSIT / ABA NUMBER

This is the routing number of the bank where your funds will be credited or debited. This information can be obtained from your account officer at your bank.

ACCOUNT NUMBER

The complete number of your account to which we will be directly depositing or withdrawing payments. Check with your officer; ACH transfer account numbers often contain prefix numbers not shown on your checks or account statements.

TYPE OF ACCOUNT

This is the type of account to which these funds will be credited or debited. Your choices are:
Savings -- savings account; trust account
Checking -- normally the account that you use to handle day-to-day business

Return completed form to:

Program Specialist
WHEDA
PO Box 1728
Madison WI 53701-1728

Or fax to 608-261-5935.