



Mortgage Finance Division  
 Single Family Office  
 10400 Detrick Avenue  
 Kensington, Maryland 20895-2484

(240) 627-9798 Phone

**ACH FUNDING REQUEST**

**SETTLEMENT AGENT INFORMATION**

*(To be Completed by Lender for the Following)*

**ALL SECONDARY FINANCING PROGRAMS  
 administered by HOC**

**(Fillable Form)**

SECONDARY FINANCING LOAN:  RCCAP/"5 for 5" Amount: \$ \_\_\_\_\_  
 3% Purchase Assistance Loan Amount: \$ \_\_\_\_\_  
 OTHER PROGRAMS:  \_\_\_\_\_ Amount: \$ \_\_\_\_\_

LENDER'S NAME: \_\_\_\_\_ Email: \_\_\_\_\_

SETTLEMENT COMPANY VENDOR #: \_\_\_\_\_  
[Completed by HOC]

**LENDER MUST COMPLETE THIS PORTION OF FORM**

SCHEDULED SETTLEMENT DATE: \_\_\_\_\_

SETTLEMENT COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*(Address on w9 and ACH authorization form must be the same)*

PHONE NUMBER: _____	Email: _____
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**PLEASE NOTE: HOC does not wire funds, FUNDS SENT via ACH ONLY.**

ATTORNEY/SETTLEMENT AGENT'S TAX ID): \_\_\_\_\_

BORROWER'S NAME: \_\_\_\_\_

CO-BORROWER'S NAME: \_\_\_\_\_

CO-BORROWER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**TO BE COMPLETED BY AUTHORIZED HOC PERSONNEL ONLY**

	AMT. REQUESTED	FUNDING FROM	ACCOUNT #
1.			
2.			
3.			

ACH PROCESSING DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_