

ACH or CHECK REQUISITION

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: _____

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: _____

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.			
4.			

ACH PROCESSING DATE: _____

AUTHORIZED BY: _____

DATE REQUESTED: _____