

PHFA - ACH INFORMATION FORM

211 North Front Street • P.O. Box 8029 • Harrisburg, PA 17105-8029

Full Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tax Identification Number: _____

Primary ACH Contact for Organization:

Name: _____

Phone Number: _____

E-mail Address: _____

For PHFA Use Only

Date: _____

Contact: _____

Confirmed by: _____

Additional Contact for ACH Transfers:

Name: _____

Phone Number: _____

E-mail Address: _____

Financial Information for ACH Instructions:

Bank Routing Number: _____

Bank Account Number: _____

Account Type: _____ Checking _____ Savings

Title of Account: _____

Please include a voided check or bank verification letter with this completed form.

If you are requesting a **CHANGE IN ACH INFORMATION**, please complete the following:

Old financial information to be removed:

Bank Routing Number: _____ Bank Account Number: _____

Account Type: _____ Checking _____ Savings

The Pennsylvania Housing Finance Agency requires the use of Automated Clearing House (ACH) system for all vendor payments. Banking information must be completed and signed using this form with at least 2 weeks advance notice. **The Agency will confirm all banking changes and new vendor setup verbally over the phone with the ACH contact prior to implementation.** If you have any questions, please contact **Cindy Witmer at 717-780-3809** or **Nicole Calvanelli at 717-780-3866**.

By signature below, I certify that this information is true and correct; that I am authorized to provide direction; and that the attached information may be relied upon by the recipient.

Signature

Date

Printed Name of Signor

Title