

THIS FORM IS FOR LENDERS NOT UTILIZING A LENDER WAREHOUSE

The Pennsylvania Housing Finance Agency requires the use of Automated Clearing House (ACH) system for all vendor payments.

Full Name of Participating Lender: _____

Mailing Address: _____

Lender ACH Contact: _____ Title: _____

Phone Number: _____ Cell Phone: _____

Email: _____ Tax ID: _____

PHFA Accounting Department is required to verbally confirm ACH information with the Lender ACH Contact listed above. After verbal account verification a test ACH (micro deposit) verification will be completed. An automated email will be sent with details to help the warehouse locate the funds. The PHFA Accounting Department is required to verbally confirm the receipt of the micro deposit, including the amount received.

ABA #: _____

Account #: _____

Account Type: Checking Savings General Ledger

Fund the same account for the 2nd Service Release Payment (SRP)? YES NO

If no, provide SRP Account information:

ABA #: _____

Account #: _____

Account Type: Checking Savings General Ledger

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 by the recipient.

Signature

Date

Printed Name of Signor

Title

ATTENTION: Banking information must be completed and signed. The Agency will confirm all banking information with the contact listed above. If you have any questions, please contact Nicole Calvanelli at 717.780.3866.

The account provided must be ACH compatible. Wire Accounts are not acceptable.

Please mail the Notes to the following address:

**PHFA
Attn: Homeownership Programs
211 North Front Street
Harrisburg, PA 17101**

To change warehouse lender and /or ACH account information, please contact sfpurchasing@phfa.org.