



Disaster Assistance Loan Guarantee Program Authorization Agreement for Automated Clearing House (ACH) Transfers

LENDER NAME _____ LENDER # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE # _____

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

New Agreement

Revised Agreement

Funds will be transferred to:

Depository Name _____

City, State, Zip Code _____

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.

Dated as of _____, 20 .

Signature _____

Signature _____

Print Name and Title _____

Print Name and Title _____

Send to:
**WHEDA DISASTER
PO BOX 1728
MADISON WI 53701-1728**