

## Virginia Housing Authorization for Multifamily Automatic Payment Transfers

Form must be completed in full

Property Information	compietea in juu
Development Name:	
Virginia Housing Loan Number: Mortgagor or Management Agent:	
Contacts	
Primary Contact:	Secondary Contact: Phone (ext.):
Phone (ext.): Email Address:	Email Address:
Bank Account Information	
Account Name:	
Bank Name/City:	
ABA Number:	
Account Number:	
Account Type: Checking	
Select Payment Date	
Select the day of the month on and/or after which mortgage pois not a banking day, the mortgage payment will be debited or	ayments are authorized to be debited each month. If such a day n the first banking day following the day so selected.
NOTE: Payments must be received prior to the late charge ap	oplication date.
$\square$ 1st $\square$ 5th $\square$ 7th $\square$ 12th	□ 25 <sup>th</sup> (advance payments only)
In addition to authorization for automatic debits, Virginia Ho as reserve disbursements, escrow refunds, etc.	using may initiate credits to the account for transactions such
Agreement Terms	
Beginning on (month, day, year), the undersigned he credit entries to the undersigned's account at the financial institution to debit and/or credit the undersigned in writing by the customer or Virginia Housing, or until such given 30 days to act upon termination. Virginia Housing has a corrected up to 5 days following the transaction.	stitution indicated above. The undersigned further authorizes I's account. This authority shall remain in effect until revoked time as the mortgage terminates. Virginia Housing shall be
Authorized Signature(s)	Mortgagor/Management Agent
	Date:

Return completed form to the address below: Virginia Housing Rental Servicing 601 South Belvidere Street, Richmond VA 23220-6500 (804) 343-5860 / (804) 782-1986 / (804) 783-6705 TDD