



AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

Borrower Name: _____ MBOH Loan #: _____

Borrower Address: _____

Borrower Current Phone #: _____ Borrower Email: _____

Bank Name: _____ Bank

Routing Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

Payment Amount _____ + Extra Principal (optional) _____ = TOTAL Debit _____

Drawn on the: 5th of the month OR 10th of the month (please circle one option)

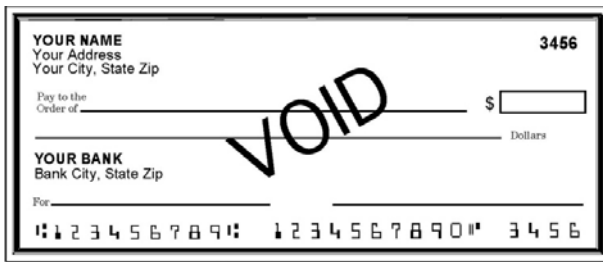
Beginning Date: _____

By submitting this application, you authorize Montana Board of Housing to withdraw from the account specified above for the amount due, shown as Total Debit above. In the event that your monthly payment increases when escrow analysis is run, you authorize us to increase the withdrawal amount by that amount.

By signing below I represent and warrant that I am legally authorized to access funds from the account specified.

Borrower _____
Date

Attach a voided check from your bank.



Routing #

Account #

Credit Union Members: to ensure prompt processing of your ACH, please verify your account and routing/transit numbers with your Credit Union, since the correct numbers may be different than those appearing on your check.

Send the completed form to: Montana Board of Housing
Mortgage Loan Servicing
Department PO Box 200550
Helena MT 59620-0550