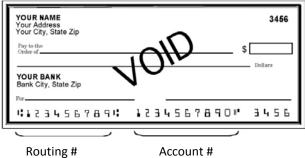


AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

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: 5 th of the month	OR 10 th of the mont	h (please circle one option)
Beginning Date:		
*** ACH forms are due in our office no l current in order to sign up for ACH.***	later than the 24th of the month to	begin ACH in the following month. Your loan must be
	ve. In the event that your monthly	to withdraw from the account specified above for the payment increases when escrow analysis is run, you
By signing below I represent and warra	nt that I am legally authorized to a	access funds from the account specified.
Borrower		Date
Attach a voided check from your bank. YOUR NAME Your Address Your City, State Zip Pay to the	3456	



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