



automatic payment authorization agreement

To ensure proper implementation, please allow 45 days to process the request.

I (we) authorize Colorado Housing and Finance Authority (CHFA) and its successors, assigns, authorized agents, or any entity servicing my loan on their behalf to initiate mortgage payment debit entries (which may vary from the amount indicated below with future changes in escrow, required reserves, principal, and interest components as applicable) to my (our) Checking or Savings account indicated below and the financial institution named below to debit the same entries to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send CHFA the total monthly payment due, plus any late charge(s) or other fees due. I (we) authorize CHFA to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of federal law and the Rules of the National Automated Clearing House Association (NACHA). For more information go to www.nacha.org

This authorization is to remain in force until my mortgage loan is paid in full or until CHFA has received written notice 30 days prior to cancellation of this authorization, payoff, or assumption of my mortgage loan. I (we) understand that upon cancellation of this authorization subsequent mortgage loan payments must be made according to the terms of my note and deed of trust or as instructed by CHFA. I (we) understand this authorization does not change the terms of my mortgage loan.

CHFA reserves the right to cancel the borrower's participation in the event of a stop payment on a draft without prior notification, account closure without prior notification, and/or two or more insufficient drafts in one year. Reinstatement in this program will be considered after a period of six (6) months.

Note: Please complete this form and attach a voided check or savings deposit slip (additionally, if using a savings account, your financial institution must provide a letter with the information indicated in the Financial Institution Section below) to this document before mailing back to CHFA. Retain a copy of this form for your files. Please continue to mail your payments until we notify you of your first draft date.

please enter your account information

Is this notification of a change in financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number
Select Day of Month For Payment (must fall within grace period per the terms of your Note) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 8th <input type="checkbox"/> 16th	

Name		
Address		
City	State	Zip
Home Phone	Work Phone	

your financial institution information

Financial Institution Name		
City	State	Zip
Routing Number *please enter 9 digits	Account Number	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Payment Amount	

authorized signature(s)

Signature of Account Holder

Date

Printed Name of Account Holder

Signature of Account Holder

Date

Printed Name of Account Holder

mail this completed form to

CHFA
Attn: Commercial Loan Servicing
1981 Blake Street
Denver, Colorado 80202-1272
Fax: 303.291.5731

Should you have any questions, please contact CHFA at 800.877.2432 and ask to be connected to the Commercial Loan Servicing Department. You may also email inquiries to DL-AM-Commercial_Loan_Servicing@chfainfo.com. Sending any communications to this email address does not provide a secure means of delivery. If you would like to return the authorization form electronically, please contact us and request instructions for coordinating a method for secure delivery.