

NEWMARK

Repetitive ACH Reserve Disbursement Authorization Form

All fields are required to be completed.

Please return this completed form, accompanied with the Auto Payment Authorization Form, if you elect to receive reserve disbursements electronically.

This section to be completed by Customer

Loan Number: _____ Borrower Name: _____
Bank Name: _____ ABA Number (ACH only): _____
Bank City: _____ State: _____
Account Name: _____
Account Number: _____
Account Type (checking/savings): _____

I have reviewed the above bank information and authorize Newmark to make deposits into this account:

Print Authorized Name _____ Date _____

Authorized Signature: _____

Electronic Signatures Are Acceptable

Title: _____ Phone: _____ e-mail _____

Newmark audit rules require an independent verification of Bank information. In order to assist us with this please provide the following:

- Copy of a canceled check
-OR-
- Payment instructions (ACH) as certified by the financial institution. Instructions must contain a signature on bank letterhead and include financial representative contact information.

Email to: MF-Servicing.Requests@nmrk.com

This area is to be completed by Newmark (Transaction Processing) only

Portfolio Name/Contract ID: _____ Tran Acct #: _____
Tran Account Name: _____ Disbursement Folio: TRZ
Entity Name: _____ Entity Role Type: _____
Role ID: _____

Call Back Information

ABA ROUTING NUMBER VERIFIED: WWW.FRBSERVICES.ORG

Performed by: _____ Date: _____

Retire repetitive #: _____