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: TR7

Entity Name: _____   Entity Role Type: _____

Role ID: _____

Call Back Information

ABA ROUTING NUMBER VERIFIED: WWW.FRBSERVICES.ORG

Performed by: _____   Date: _____

                                     Retire repetitive #: _____