



**ACH Agreement**

I, (we) hereby authorize Kentucky Housing Corporation (KHC) to make withdrawals from my (our) checking or savings account, via the Automatic Clearing House (ACH), at the financial institution named below for monthly payment of the mortgage serviced by KHC. **Please complete, sign, and return this form along with a check with "VOID" written on it. Mail the completed form and the voided check to KHC, Attention: Investor Accounting, P.O. Box 4150, Frankfort, Kentucky 40604-4150 or fax to (502) 564-5430.**

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking

Savings

Account Number \_\_\_\_\_ Date to Draft Payment\* \_\_\_\_\_

*\*Selected draft date must be between the 1<sup>st</sup> and 5<sup>th</sup> of every month.*

KHC Loan Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Additional Principal Payment \_\_\_\_\_  
 (This amount will be added to your regular payment amount each month.)

**This authorization will remain in effect until I (we) notify KHC in writing of its termination. Request to terminate preauthorized payment drafts must be received by KHC seven business days prior to the scheduled draft payment date.**

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

*NOTE: Authorization for withdrawals must state: "The receiver may revoke this authorization only by notifying the originator in the manner specified in the authorization."*

Completed by KHC

Received _____	FICS Updated _____
Completed by _____	Date _____

