



ACH Cancellation

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

Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Checking

Savings

Account Number _____ Draft Payment Date _____

Routing Number _____

KHC Loan Number _____

I, hereby authorize KHC to terminate the monthly preauthorized payment draft for the account listed above. I acknowledge the request to terminate the preauthorized payment draft must be received by KHC seven business days prior to the scheduled draft payment date. KHC will not be responsible for non-sufficient funds (NSF) charges assessed by the financial institution if this written authorization is not received by KHC in a timely manner.

Name (please print)

Name (please print)

Signature

Signature

Date

Date

Completed by KHC

Received _____	FICS Updated _____
Completed by _____	Date _____