

### ACH Debit Transfer Authorization (MAP) Form

Complete the information below to authorize an ACH Debit Transfer.

Loan Information	
Project Name:	Loan Number:
CalHFA Project Number:	
Borrower or Management Agent Information	
Borrower or Management Name:	
Primary Contact Name:	
Email:	Primary Phone Number:
Secondary Contact Name:	Secondary Phone Number:
Financial Institution Information	
Bank Name:	
Bank Address:	
Name on Account:	Bank Phone Number:
ABA (Routing) Number:	Account Number:
ACH Debit Draw Date – FFB Loan status = 1 <sup>st</sup> day or 5 <sup>th</sup> day; NON-FFB Loan status = 1 <sup>st</sup> day or 10 <sup>th</sup> day	
Originator Authorization	
By signing below, I authorize CalHFA to execute the above funds transfer instruction.	
Authorized Signature	Date
Print Name:	Title:
Phone:	Email:
CalHFA USE ONLY	
CalHFA Reviewer Signature	Date

Please enclose a copy of a voided or cancelled check.

Please send completed form and check copy (in pdf format) to: [mfservicing@calhfa.ca.gov](mailto:mfservicing@calhfa.ca.gov)

**NOTE: If the ACH transaction becomes a return item chargeback, the borrower must pay the return item fee of \$50.00 plus any payment late fee assessment.**

Please notify CalHFA fifteen (15) business days in advance for any bank account changes or ACH processing cancellations. Please email your change notification to [mfservicing@calhfa.ca.gov](mailto:mfservicing@calhfa.ca.gov)

## **ACH Debit Transfer Authorization Agreement**

**Beginning on the Payment Date \_\_\_\_\_, the undersigned Borrower (“Borrower”) and/or its Authorized Official hereby authorizes CalHFA to initiate debit entries on the Accommodation Payment Date to Borrower’s account at the named financial institution (“Financial Institution”). Borrower hereby authorizes Financial Institution to debit Borrower’s account in accordance with these instructions. Borrower acknowledges that its payment amount may vary with changes in impounds, reserves, principal and interest as applicable under its loan documents. Borrower warrants that it will keep sufficient available funds in the specified account to cover all payments to be made pursuant to this agreement, and also warrants that it is current in its payments and in compliance with all covenants and conditions contained in its agreements with CalHFA. Borrower agrees that it will immediately notify CalHFA of any change in account name or number, or of any changes in its Financial Institution. Borrower understands and agrees that no partial payments will be accepted by CalHFA as part of this agreement, and that all rights, remedies and obligations contained in the CalHFA Promissory Note and Deed of Trust and any and all other loan documents remain in full force and effect and are not modified by this agreement. No waiver of any terms of any of the loan documents, including but not limited to payment due dates is intended and none shall be inferred.**

**If Borrower requests debit to occur on the fifth (5<sup>th</sup>) OR the tenth (10<sup>th</sup>) day of the month, notwithstanding CalHFA’s acceptance of payments to be debited on the fifth (5<sup>th</sup>) OR the tenth (10<sup>th</sup>) day of the month (“Accommodation Payment Date”), Borrower specifically acknowledges that the due date for payment of debt service is in accordance with the stated terms of the loan documents (“Due Date”), and that this five (5) OR ten (10) day grace period is an accommodation to the Borrower. In the event there are insufficient funds debited to pay the amount payable on the Accommodation Payment Date, Borrower shall be deemed in default as of the day following the actual Due Date.**

**This agreement shall remain in effect until cancelled in writing by Borrower or CalHFA upon fifteen (15) business days written notice to each other. Upon the loan being paid in full the Borrower shall notify the Financial Institution of such circumstance, with a copy of such notification to CalHFA prior to the next scheduled Accommodation Payment Date. In addition, CalHFA may cancel this agreement immediately, without notice to the Borrower if:**

- 1) Borrower’s automatic payment is returned by Financial Institution due to:**
  - a) non-sufficient funds;**
  - b) revocation of this authorization; or**
  - c) closing of the account specified herein; or**
- 2) Borrower does not otherwise comply with the terms and conditions of its agreements with CalHFA.**

**In the event of notice of a debit or credit error, CalHFA shall be allowed five (5) banking days to correct such error, after notice thereof by the Financial Institution and/or the Borrower. CalHFA shall have no liability for any loss or damage that result from processing automatic payments under this agreement.**

**Signature of Authorized Official:** \_\_\_\_\_

**Print or Type Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_