

ACH Credit Transfer Authorization Form

Complete the information below to authorize an ACH Credit Transfer.

Beneficiary Lender Information			
Name		Telephone Number	
Street Address			
City		State/Province	Zip
ACH Bank Information (Set 1)			
Bank Name			
Street Address			
City		State/Province	Zip
ABA Number:		Account Number:	
ACH Bank Information (Set 2)			
Bank Name			
Address			
City		State/Province	Zip
ABA Number:		Account Number:	
Special Instructions			
Originator Authorization			
By signing below, I authorize CalHFA to execute the above funds transfer instruction.			
Authorized Signature and Date		2nd Authorized Signature and Date	
Print Name	Title	Print Name	Title
Phone	Email	Phone	Email
CALHFA USE ONLY:			
Authorized Signature and Date		2nd Authorized Signature and Date	
Print Name	Title	Print Name	Title
Phone	Email	Phone	Email
ACH 1 Code #		ACH 2 Code #	