



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 1st and 5th 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 _____