

Email completed form to assetmanagement@nhhfa.org

| FOR NHHFA USE ONLY | |
|--------------------|--|
| PAYEE ID: | |
| EFT ID: | |

**ELECTRONIC FUND TRANSFER/PAYMENT
ENROLLMENT FORM**

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| This form is used for establishing Automated Clearing House (ACH) payments with New Hampshire Housing. | |
| PRIVACY ACT STATEMENT The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). | |
| PAYER/COMPANY INFORMATION | |
| NAME: | New Hampshire Housing Finance Authority |
| ADDRESS: | P.O. Box 5087 Manchester, NH 03108 |
| CONTACT PERSON NAME: | TELEPHONE NUMBER: |
| ADDITIONAL INFORMATION: NEW / EXISTING | |
| NAME/COMPANY INFORMATION | |
| NAME: | SSN NO. OR TAXPAYER ID NO. |
| ADDRESS: | |
| CONTACT PERSON NAME: (if different from above) | DATE: |
| TELEPHONE NUMBER: | E-MAIL ADDRESS: |
| SIGNATURE: | TITLE OF AUTHORIZED OFFICIAL: (for businesses only) |

In signing this form, I authorize all payments to be sent to the bank/financial institution named below for deposit to the designated account.

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| BANK/FINANCIAL INSTITUTION INFORMATION | |
| NAME: | |
| ADDRESS: | |
| BANK/FINANCIAL INSTITUTION REPRESENTATIVE NAME: (if available) | TELEPHONE NUMBER: |
| NINE-DIGIT ROUTING TRANSIT NUMBER: | |
| BANK/FINANCIAL INSTITUTION ACCOUNT NAME: | |
| BANK/FINANCIAL INSTITUTION ACCOUNT NUMBER: | TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |