



Wire Transfer Authorization Form

Complete the information below to authorize a Wire Transfer.

| | | | |
|---------------------------------------------------------------------------------------|-------|------------------------------------------|-------|
| Beneficiary Lender Information | | | |
| Name | | Telephone Number | |
| Street Address | | | |
| City | | State/Province | Zip |
| Wire Bank Information (Set 1) | | | |
| Bank Name | | | |
| Street Address | | | |
| City | | State/Province | Zip |
| ABA Number: | | Account Number: | |
| ACH Bank Information (Set 1) | | | |
| Bank Name | | | |
| Street Address | | | |
| City | | State/Province | Zip |
| ABA Number: | | Account Number: | |
| Wire Bank Information (Set 2) | | | |
| Bank Name | | | |
| 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: | | Print Name: | |
| Wire 1 - Repeat Code # | | Wire 2 - Repeat Code # | |
| ACH 1 - Repeat Code # | | ACH 2 - Repeat Code # | |