



berkeley point

Berkeley Point Capital LLC

REPETITIVE ACH RESERVE DISBURSEMENT AUTHORIZATION FORM

Please return this completed form, accompanied with the Auto Payment Authorization Form, if you elect to receive reserve disbursement electronically

This section to be Completed by Customer

Loan Number: _____ Borrower Name: _____

Crediting Information

Bank Name _____

ABA Number for **ACH's only** _____

Bank City, State _____

Account Name _____

Account Number _____

FFC Account Name [_____]

FFC Account Number [_____] if applicable

FFC Contact Name & # [_____]

Account Type: Please specify Checking or Savings (C/S) _____

I have reviewed the above bank information and authorize Berkeley Point Capital to make deposits into our account.

Print Authorized Name _____

Authorized Signature _____ Date _____

Title: _____ Phone: _____ e-mail _____

Berkeley Point Capital audit requirements require an independent verification of Bank information. In order to assist us with this please provide the following:

Bank Contact Name _____ Bank Contact Phone Number _____

Return to:

Berkeley Point Capital LLC
Attn: Transaction Processing Area
One Beacon Street, 14th Floor
Boston, MA 02108
e-mail address: Loan.Accounting@berkpoint.com
Telephone 617-722-5054 Fax 617-722-5050

MUST be signed by BPC Requestor: _____

Date: _____

This area is to completed by Berkeley Point (by Tran Proc) only

Portfolio Name/Contract ID: _____

Tran Account Number(s) _____

Tran Account Name _____

Disbursement Folio TR7 _____ (all money is going out of the Disb. Acct which this is the folio for.)

Date Requested: _____

Entity Name _____

Entity Role Type _____

Role ID _____

Call Back

Contact made by: _____ Date _____

Spoke with: _____

BPC Reference only:

Retire repetitive # _____

Revised 02-24-17