



Repetitive ACH Reserve Disbursement Authorization Form

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

This section to be completed by Customer

Loan Number: _____ Borrower Name: _____

Bank Name: _____ ABA Number (ACH only): _____

Bank City: _____ State: _____

Account Name: _____

Account Number: _____

Account Type: _____

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

Print Authorized Name _____ Date _____

Authorized Signature: _____

Electronic Signatures Are Acceptable

Title: _____ Phone: _____ e-mail _____

Berkeley Point Capital audit rules 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: _____

Email to: **Serviceing.requests@berkpoint.com**

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

Portfolio Name/Contract ID: _____ Tran Acct #: _____

Tran Account Name: _____ Disbursement Folio: TR7

Entity Name: _____ Entity Role Type: _____

Role ID: _____

Call Back Information

Performed by: _____ Date: _____

Spoke with: _____ Retire repetitive #: _____