



### Wire Transfer Authorization Form

Complete the information below to authorize a Wire Transfer.

<b>Beneficiary Lender Information</b>			
Name		Telephone Number	
Street Address			
City		State/Province	Zip
<b>Wire Bank Information (Set 1)</b>			
Bank Name			
Street Address			
City		State/Province	Zip
ABA Number:		Account Number:	
<b>ACH Bank Information (Set 1)</b>			
Bank Name			
Street Address			
City		State/Province	Zip
ABA Number:		Account Number:	
<b>Wire Bank Information (Set 2)</b>			
Bank Name			
Address			
City		State/Province	Zip
ABA Number:		Account Number:	
<b>ACH Bank Information (Set 2)</b>			
Bank Name			
Address			
City		State/Province	Zip
ABA Number:		Account Number:	
<b>Special Instructions</b>			
<b>Originator Authorization</b>			
By signing below, I authorize CalHFA to execute the above funds transfer instruction.			
<b>Authorized Signature and Date</b>		<b>2nd Authorized Signature and Date</b>	
Print Name	Title	Print Name	Title
Phone	Email	Phone	Email
<b>CALHFA USE ONLY:</b>			
<b>Authorized Signature and Date</b>		<b>2nd Authorized Signature and Date</b>	
Print Name:		Print Name:	
Wire 1 - Repeat Code #		Wire 2 - Repeat Code #	
ACH 1 - Repeat Code #		ACH 2 - Repeat Code #	