



**Authorization for Electronic Receipt of Payment (ACH)**

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_ ("Lender") authorize Mortgage Guaranty Insurance Corporation and its affiliates (together, "MGIC") and the Financial Institution listed below to initiate deposits of funds electronically to the account identified below (the "Account"), for amounts payable by MGIC to Lender. Such deposit shall be in lieu of payment by check. If funds to which Lender is not entitled are deposited to the Account, MGIC will so notify Lender and Lender will initiate a payment to return said funds to MGIC. This authorization will remain in effect until Lender has cancelled it by written/fax notice, and only upon receipt of such written notice by MGIC at the fax number below, in which case it will be effective on a date determined by MGIC, which is no later than ten business days after MGIC's receipt.

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number to be Credited: \_\_\_\_\_

Account Type:       Checking       Savings       General Ledger

Authorization Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please direct any questions to MGIC Cash Management Department, 1-800-558-9900 X6611 or X2659.

**Fax form to: MGIC Cash Management, 414-347-6354**

Cash Management Use Only PreNote Date: ____/____/____ Vendor Number: C _____
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