

APPENDIX 21

FHA Project No.

**PAYMENT INFORMATION FORM
TREASURY FINANCIAL COMMUNICATION SYSTEM**

The information requested on this form concerning the mortgagee's financial institution should be available through the mortgagee's Treasurer.

If the mortgagee's financial institution has access to the Federal Reserve Communication System, please complete only items 1-9 and 14. If the mortgagee's financial institution does not have access to the Federal Reserve Communication System, please complete all items except item 7.

1. Name of Mortgagees:
2. Address:
3. Contact Person:
4. Phone Number:
5. Name of Financial Institution:
6. Address of Financial Institution:
7. Financial institution's 9-digit ABA identifying number for routing transfer of funds: (complete only if the mortgagees financial institution has access to the Federal Reserve Communication System). <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>

8. Telegraphic abbreviation of financial institution _____
9. Account numbers at the mortgagee's financial institution to be credited with the funds: _____
10. Form of the correspondent financial institution the mortgagee receives electronic funds transfer messages through, if it does not have access to the Federal Reserve Communication System _____

11. Address of Correspondent
Financial Institution:

12. Correspondent financial institution 9-digit ABA
identifying number for routing transfer of funds.

<input type="text"/>								
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

13. Telegraphic abbreviation of correspondent financial
institution: _____

14. Signature and title of person completing this form:

Signature:	Title:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Mail to: