Homeowner Assistance Fund (HAF)

Servicer Enrollment Form

Kentucky Housing Corporation (KHC) needs the following information to set up the payment process for the HAF Program to ensure you receive mortgage payments for your customers. This form also allows KHC to establish electronic funds transfer (EFT) for the payment and make the payment system a seamless process.

Servicer Name:       Payment Type:  Tax Payer ID:       -

Street Address:

City:       State:       Zip:

Contact Person(s):       or

Telephone Number:

Email Address:

If choosing EFT, please complete the following information and **attach a voided check or a copy of a cancelled check from the account named above. KHC cannot process this EFT without the voided check or check copy.**

Name of Financial Institution:

Financial Institution Routing Number:

Type of Account:  Account Number:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

GP Vendor Code:       Voided Check Attached

Servicer Entered Date:       Servicer ID:

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