



P.O. Box 24606
West Palm Beach, FL 33416

Reverse ACH Direct Deposit Request

Borrower Name: _____

Skey Number: _____

Address: _____

I give my authorization to make deposits into my checking or savings account. This authority will remain in effect until I notify you in writing to suspend future deposits.

Authorization for Automatic Deposits

Name of Your Financial Institution (Bank / Credit Union / FBS / etc)		Loan Number
Indicate type of account you want credited	Checking Account Number	Savings Account Number
	Bank Routing Number	Bank Telephone

NOTE: You must attach an ORIGINAL pre-printed voided check for a checking account or an ORIGINAL pre-printed deposit slip for a savings account. The account must be in the name of all borrowers and ALL borrowers must sign below.

Borrower Signature: _____ **Date:** _____

Co-Borrower Signature: _____ **Date:** _____

Providing your e-mail address authorizes e-mail correspondence and statements regarding your reverse mortgage in lieu of paper statements and letters via the U.S. Postal Office. You can contact us to change this election at any time.

Please return form to:

PHH Mortgage Corporation
PO Box 24606
West Palm Beach, FL 33416

~ OR ~

Fax or email the completed form to:
Fax #: (561) 682-8644
Email: customerassist@phh.com

IMPORTANT: If there is/are additional person(s) named or authorized on the above bank account, other than those on your reverse mortgage, your signature on this form gives your consent to deposit funds from your reverse mortgage loan to this account, and you acknowledge that any additional person(s) may have access to the funds deposited to this bank account.



P.O. Box 24606, West Palm Beach, FL 33416
Phone (866) 503-5559 ~ FAX (561) 682-8644 ~ TRS 711
Email customerassist@phh.com

