



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

Date: _____

Reverse Mortgage Automatic Disbursement Request

Please complete all information, sign, date and return by email to CustomerAssist@PHHreverse.com.

Property Address: _____ Loan SKEY: _____

Borrower Name: _____ Email Address: _____

Co-Borrower Name: _____ Email Address: _____

Account Details

Bank Name: _____

Bank Routing (ABA) Number: _____

Bank Account Number: _____

Account Type: Checking Savings

Please include a voided check or deposit slip including the account number, routing number and accountholder name.

Important notes:

- Upon receipt of the form, we will contact you by phone to validate the bank details. The request will be processed within two business of the call.
- If a draft falls on a weekend or holiday, the deposit will be made the next business day.
- We will send a confirmation letter with details, including the first draft date.

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

Borrower Name: _____ Signature: _____ Date: _____

Co-Borrower Name: _____ Signature: _____ Date: _____

If you are unable to return this form by email, please use one of the other methods below.

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

Fax: 1-561-682-8644

Be sure to retain a copy of this form for your records.