# Drafting Authorization

**ALL FIELDS ARE REQUIRED TO BE COMPLETED TO PROCESS THE FORM**

**STEP 1: Fannie Mae Account Information**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fannie Mae Seller Servicer Number: *(9 digits for Fannie Mae Lenders)*                        

Subscriber ID: *(6 characters alphanumeric)*               

Customer Number:                   *(Located in the upper left hand corner of the invoice)*

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

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:          -          -             Fax Number:          -          -         

**STEP 2: Bank Account Information**

Name of Financial Institution (to be drafted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Routing Number (ABA) (lower left corner of check)(9 digits):                        

Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 3: Signature of Duly Authorized Representative**

By completing and executing this form, the following duly authorized representative of the Company acknowledges and agrees that Fannie Mae is authorized, as of the authorization date set forth below and subject to the terms and conditions set forth below, to initiate electronic debits to, or otherwise debit, the bank account specified above for amounts billed to the Company specified above in connection with Fannie Mae technology products and services. If the bank account is not held in the name of the Company, company represents and warrants that Company has authority from the account holder to provide this authorization. **This form supersedes any existing authorization form that Fannie Mae has on file for the Company with respect to such electronic debits or other debits, or such amounts.**

Printed Name of Authorizing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorizing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please note that the bank specified above must be a participant of the Automated Clearing House (ACH) for Fannie Mae to initiate electronic debits to the Company’s account. Each debit will appear as a payment on the next invoice for the Company by Fannie Mae after the debit date. All transfers hereunder will be governed, and bank hereby agrees to be bound, by the applicable terms and provisions of the NACHA Operating Rules and Guidelines.

Fannie Mae will send the Company a notification to logon to FM Connect to view new invoices generated for charges incurred by the Company in connection with its use of Fannie Mae technology products and services in the preceding month. If there is a balance due on the Company’s account, the Company authorizes Fannie Mae to initiate an electronic debit via the ACH, or to otherwise debit, the above account for that balance at least ten (10) days after the invoice date. Each invoice will specify the date of such debit. The Company should ensure that there are sufficient funds available in the above account on such date. Company further authorizes Fannie Mae to initiate an electronic debit or credit via ACH or otherwise, or to otherwise debit or credit, the above bank account as necessary to correct any prior overpayment or underpayment of an invoice or any other prior erroneous debit or credit effected under this authorization. Company acknowledges that electronic debits or credits via the ACH or otherwise, or other debits or credits, to its account initiated pursuant to this authorization must comply with provisions of U.S. law. The Company understands that this authorization will remain in full force and effect until the Company notifies Fannie Mae in writing at address ***1100 15th Street, NW Washington DC 20005 Attention Accounts Receivables*** that the Company wishes to revoke this authorization. The Company understands that Fannie Mae requires at least 30 days prior notice to cancel this authorization. **Maintain a copy of this form for your records.**

***Email the completed and signed form to*** [***ar\_operations@fanniemae.com***](mailto:ar_operations@fanniemae.com)

*Updated on 03/13/19*