

the LENDER) hereby authorizes FANNIE MAE and the financial institution listed to deposit all remittance to the LENDER'S account listed below. FANNIE MAE expects a full and prompt refund of any monies it incorrectly deposits to the account of the INVESTOR to which the LENDER is not entitled. This authority will remain in effect until cancelled in writing.

Investor Name			Investment Agreement No.
Address			Authorized By (please print)
City	State	Zip	Signature
Account Type			
Checking	Savings		Title
Financial Institution			Phone Number
			Date
ABA Routing Number			
City	State		
Account Number			

YOU MUST ATTACH A "VOID" CHECK OR DEPOSIT SLIP FOR ACCOUNT NUMBER VERIFICATION

Please provide the e-mail address of the persons the statement will be sent by completing the following:

Contact Name	Phone Number
Address	Email Address
City	State
	Zip
Name	Email Address
Name	Email Address

If you have any questions concerning the use of this form, please contact Multifamily Operations - Servicing at 703-833-7033 or mf_master_servicing@fanniemae.com.