

ACH AUTHORIZATION FORM REFUNDS

PURPOSE: This form is used to establish an account with Servicer's banking institution that will enable the Veterans Land Board (VLB) to send any refunds due the Servicer.

SUBMISSION REQUIREMENTS: Fax copy of form to VLB and Email to the Administrator. Attach a voided check or deposit slip for the account to be debited. Administrator will forward to the Servicer a location number and password issued by the VLB for refunds.

PREPARATION INSTRUCTIONS

The numbers on the illustrated form correspond to the numbers listed below.

- (1) Name of Servicer's banking institution.
- (2) Name of Bank Branch.
- (3) Bank's city, state, and zip.
- (4) ABA number for Bank.
- (5) Company account number to be debited.
- (6) List applicable Bond Series or note "ALL" to include all Bond Series.
- (7) Circle type of account to be credited.
- (8) Servicer name.
- (9) Four digit number assigned by Administrator.
- (10) Servicer's telephone number.
- (11) Name of person authorizing credits.

**VETERANS LAND BOARD ACH
AUTHORIZATION FORM
DEPOSITORY INFORMATION
(REFUNDS)**

Please provide the completed form to BOTH of the following:

Veterans Land Board
Fax No. (512)305-9273

Nationstar Mortgage LLC
Email: Joseph.King@Nationstarmail.com

As an officer of the company referenced below, I hereby authorize the Texas State Treasury, on behalf of the Veterans Land Board, hereinafter called the BOARD, to credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the financial institution account indicated below per my instruction. The depository named below, hereinafter called DEPOSITORY, is hereby authorized to credit and/or debit the same to such account.

Depository Name:	1	Branch:	2
City:	3	State:	Zip:
Transit/ABA No.:	4	Account:	5
Bond Series:	6		
Account Type:	7	Demand	Savings
Lender's Tax ID #			

This authority is to remain in full force and effect until the BOARD has received written notification requesting termination in such time and in such manner as to afford BOARD and Depository a reasonable opportunity to act on it.

Servicer Name:	8	Servicer No.:	9
Telephone No.:	10		
Name (Please Print):	11		
Signature:	Date:		
Title:			

Treasury Use Only: Location Number:	Password:
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Attach voided check or deposit slip here.

FORM SG-27