

**Mark-to-Market
Payment Information Form**

Form 7.25

FHA Project Number: -

The information requested concerning the mortgagee's financial institution should be available through the mortgagee's Treasurer.

If the mortgagee's financial institution has access to the Federal Reserve Communication System, please complete only items 1 through 9 and items 14-16. If the mortgagee's financial institution does not have access to the Federal Reserve Communication System, please complete all items except item 7.

1. **Bank Account Name** (must match Section III of Form 7.5 EXACTLY)

2. Full Address for named account

3. Contact Person (must match Closing Escrow Agent name from Section I of Form 7.5)

4. Phone Number

5. Name of Financial Institution

6. Full Address of Financial Institution

7. Financial Institution ABA Number (Only 1 digit per box) (Complete only if the mortgagee's financial institution has access to the Federal Reserve Communication System)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. Telegraphic abbreviation of Financial Institution

9. Account Number at the mortgagee's financial institution to be credited with the funds

10. Type of Correspondent Financial Institution to Receive Electronic Funds Transfer (If the mortgagee does not have access to the Federal Reserve Communication)

11. Full Address of Correspondent Financial Institution

12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Telegraphic abbreviation of Correspondent Financial Institution

14. Mortgagor Tax Identification Number (must match Form 7.5)

15. Mortgagee Tax Identification Number (must match Form 7.5)

Comments

PAE Name and address

16. Name and Title of person at PAE preparing form	Signature	Date (mm/dd/yyyy)
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