



Lender Setup Document

Please complete this form if you are a new client of Home Key Servicing or if your lender information or bank account information are different than our records.

LENDER/SELLER 1:

Name (as per your tax return) _____

Contact Person _____

E-mail _____

Phone _____ Alt. Phone _____

Mailing Address _____ City _____

State ____ Zip _____ SSN or EIN _____

LENDER'S BANK INFORMATION FOR CASH FLOW/DIRECT DEPOSIT:

Name of Bank: _____ Type of Account: Checking Savings

Bank Address: _____ Name on Account: _____

Routing #: _____ Acct #: _____

● If you choose not to do Direct Deposit, you will be charged a \$3.00 Check Fee for each check remitted. Standard date for checks to be cut is Tuesday and Friday. Payments can be released monthly or quarterly upon request.

LENDER/SELLER 2:

Name (as per your tax return) _____

Contact Person _____

E-mail _____

Phone _____ Alt. Phone _____

Mailing Address _____ City _____

State ____ Zip _____ SSN or EIN _____

LENDER'S BANK INFORMATION FOR CASH FLOW/DIRECT DEPOSIT:

Name of Bank: _____ Type of Account: Checking Savings

Bank Address: _____ Name on Account: _____

Routing #: _____ Acct #: _____

● If you choose not to do Direct Deposit, you will be charged a \$3.00 Check Fee for each check remitted. Standard date for checks to be cut is Thursdays. Payments can be released monthly or quarterly upon request.