



Authorization for Electronic Receipt of Payment (ACH)

Lender Name: _____

Address: _____

City, State, ZIP Code: _____

I, _____, the _____ of _____ ("Lender") authorize Mortgage Guaranty Insurance Corporation and its affiliates (together, "MGIC") and the Financial Institution listed below to initiate deposits of funds electronically to the account identified below (the "Account"), for amounts payable by MGIC to Lender. Such deposit shall be in lieu of payment by check. If funds to which Lender is not entitled are deposited to the Account, MGIC will so notify Lender and Lender will initiate a payment to return said funds to MGIC. This authorization will remain in effect until Lender has cancelled it by written/fax notice, and only upon receipt of such written notice by MGIC at the fax number below, in which case it will be effective on a date determined by MGIC, which is no later than ten business days after MGIC's receipt.

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____

ABA Routing Number: _____

Account Number to be Credited: _____

Authorization Signature: _____ Title: _____

Date: _____ Phone: _____

E-mail: _____

Please direct any questions to MGIC Cash Management Department, 1-800-558-9900 X6611 or X2659.

Fax form to: MGIC Cash Management, 414-347-6354

<p>Cash Management Use Only</p> <p>PreNote Date: ____ / ____ / ____</p> <p>Vendor Number: <u> C </u> _____</p>
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