



Louisiana
Homeowner
Assistance Fund

LA HAF PAYMENT PROGRAM AGREEMENT

New Enrollment

Update to Existing Enrollment

_____ (Mortgage Lender) does hereby authorize **HORNE LLP** to initiate Automated Clearing House (ACH) credit entries to Mortgage Servicer for amounts owed to Mortgage Servicer from time to time and to direct such entries to the financial institution and the bank account designated below:

FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name:*	
Phone Number:*	
Email Address:*	
Address Line 1:*	
Address Line 2:	
City:*	
State:*	
Zip Code:*	
Current Bank Account Name:*	
Account Number:*	
Routing Number:*	

MORTGAGE LENDER INFORMATION**	
Mortgage Lender Name:*	
Mortgage Lender Tax ID:*	
Address Line 1:*	
Address Line 2:	
City:*	
State:*	
Zip Code:*	
ACH Coordinator Name:*	
ACH Coordinator Phone #:*	
ACH Coordinator Email Address:*	

**Required Field*

***If Mortgage Lender is same as Financial Institution, still please fill out both sections.*

For enrollment questions or to track your payment, please email payments@lacovidhousing.com.

Mortgage Lender agrees to the above terms and further agrees that all information above is accurate.

Mortgage Lender Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____