

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
SINGLE FAMILY DEVELOPMENT PROGRAM
WIRE TRANSFER ENROLLMENT FORM**

PRIVACY ACT STATEMENT
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by GHFA to transmit payment data, by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of electronic payments.

AGENCY INFORMATION	
Name: Georgia Housing and Finance Authority	
Address, City, State, Zip: 60 Executive Park South, N.E. Atlanta, Georgia 30329	
Program Contact: Kawanna Greenleaf, Housing Development Coordinator	Phone: (404) 679-0680

PAYEE/COMPANY INFORMATION		
Agency Name:	SSN or FEIN:	
Address, City, State, Zip:		
Contact Name:	Contact Title:	Phone:

FINANCIAL INSTITUTION INFORMATION		
Address, City, State, Zip		
Bank Contact Person:	Contact Title:	Phone:
Nine-Digit Routing Transit Number: _____		
Depositor Account Name:		
Depositor Account Number:		
Signature of Authorized Official:	Title:	Phone Number:

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Custodial Bank		
Name:	SSN or FEIN:	
Address, City, State, Zip:		
Contact Name:	Contact Title:	Phone: