

## Home Equity Line of Credit (HELOC) Disbursement Account Form

Please complete all information, sign, date and return by email to  
[CustomerCare@MortgageFamily.com](mailto:CustomerCare@MortgageFamily.com).

Property address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
\_\_\_\_\_  
Borrower name: \_\_\_\_\_ Email address (required): \_\_\_\_\_  
Co-borrower name: \_\_\_\_\_ Email address (required): \_\_\_\_\_

### Account Details

Bank name: \_\_\_\_\_  
Bank routing (ABA) number: \_\_\_\_\_  
Bank account number: \_\_\_\_\_  
Account type: Checking  Savings

Please include a voided check or deposit slip including the account number, routing number and accountholder(s) name.

#### Important notes:

- The disbursement account will be setup within two business days of receipt of the form.
- Only one designated account can be setup for disbursements from the HELOC account.
- Disbursements can be scheduled/processed during normal business days, not weekends or bank holidays.
- A confirmation letter will be sent when the disbursement account setup is complete.

I give my authorization to make deposits from my HELOC account into my designated checking or savings account. This authority will remain in effect until I notify you in writing. If there is/are additional person(s) named or authorized on the above bank account, other than those on the HELOC account, my signature on this form gives my consent to deposit funds from the HELOC account to this bank account, and I acknowledge that any additional person(s) may have access to the funds deposited to this bank account. I also give permission to send notifications via email of changes to the account information and/or requested disbursements from this account.

Borrower name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-borrower name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to return this form by email, please use one of the other methods below.

**Mail:** Onity Mortgage  
PO Box 24736  
Mail Stop SV24  
West Palm Beach, FL 33416

**Fax:** 1-856-917-2700

**Be sure to retain a copy of this form for your records.**