



## COVER LETTER TO ACCOMPANY AUTHORIZATION AGREEMENT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

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Enclosed please find an AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS that will be initiated by US Bank Milwaukee on our behalf as a Servicer for the Wisconsin Department of Veterans Affairs (WDVA) Primary Loan Program. The enclosed agreement serves as our authorization for you to accept restricted debits on the specified account. These debits may take the form of Depository Transfer Checks (DTCs) or Restricted Automated Clearing House Debits (ACH) if your financial institution is a member of the National Automated Clearing House Association (NACHA).

Please complete the bottom half of the enclosed AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS, verifying in the spaces provided your financial institution's transit routing number and our account number at your financial institution. Please include only those dashes (-), in these numbers, that are required by your institution when transferring funds via ACH or MICR document. If the restricted debits on the specified account take the form of Depository Transfer Checks (DTCs), attach a deposit ticket and a MICR layout sheet or a photocopy of our check. Please send the completed AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS, the deposit ticket and MICR layout sheet or photocopy of our check to the following address:

Wisconsin Department of Veterans Affairs  
ATTN: Loan Accounting  
P.O. Box 7843  
Madison, WI 53707-7843

If you have indicated that your financial institution can accept Restricted ACH Debits on our WDVA Custodial Account, upon return of the AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS, you will receive a zero dollar prenote test from US Bank Milwaukee. After the ten business day wait required by the Federal Reserve, your financial institution may begin to receive actual dollar debits against our WDVA Custodial Account through the ACH Network. If you have any questions regarding this authorization, please contact me at ( ) \_\_\_\_\_.

Sincerely,

Name:  
Title:

## WDVA 1405

### COVER LETTER TO ACCOMPANY AUTHORIZATION AGREEMENT

Purpose: Sample cover letter to help Servicer explain to its depository how to complete the AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS.

Prepared By: Servicer

Distribution: Original to DEPOSITORY.

DEPOSITORY inserts Transit Routing Number and Account Number on AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH OR DTC) DEBITS, signs Authorization Agreement, and sends Original to: Wisconsin Department of Veterans Affairs  
ATTN: Loan Accounting  
P.O. Box 7843  
Madison, WI 53707-7843

#### **Instructions**

If Servicer chooses to use the sample letter to explain to its depository how to process the authorization agreement, it should be addressed to Servicer's depository with appropriate blanks filled in.

Servicer may prefer to use some or all of the narrative and prepare the letter on its own letterhead.