



SERVICER ONBOARDING FORM

Servicer Name	
Federal Tax ID #	
Address (Street, City, State, Zip)	
Mailing Address (if different)	
Primary Contact Name	
Primary Contact Phone #	
Primary Contact Email	
Alternate SFTP ID (if other than primary contact)	
Purpose for SFTP Site	

YES NO

Did you submit your W-9 form?

(This is a requirement for onboarding, please send to safhr.servicer@mhdc.com)

Do you plan to communicate via Common Data File (CDF)?

Will you be utilizing Missouri's SFTP site for CDF transfers?

If using CDF, what is your Servicer Code (for file naming convention)?

Please complete ACH information below:

Bank Name	ACH Account #	Confirm ACH Account #	ACH Routing #	Confirm ACH Routing #

YES NO

Will you be using a Sub Servicer for processing?

If yes, please complete the following:

Sub Servicer Name	
Sub Servicer Point of Contact	
Sub Servicer POC Email	