

**Multifamily Insurance Benefit Claim**

Payment Information in Support of Claim

Treasury Financial Communication System  
for Mortgage Wiring Instructions

**U.S. Department of Housing  
and Urban Development**

Office of Mortgage Insurance Accounting and Servicing  
Multifamily Insurance Benefit Claims

OMB Approval No. 2502-0418

(Exp. 1/31/2015)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the National Housing Act. The information requested does not lend itself to confidentiality.

FHA Project Number

The information requested concerning the mortgagee's financial institution should be available through the mortgagee's Treasurer. If the mortgagee's financial institution has access to the Federal Reserve Communication System, please complete only items 1 through 9 and item 14. If the mortgagee's financial institution does not have access to the Federal Reserve Communication System, please complete all items except item 7.

1. Name of Mortgagee	2. Full Address
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3. Contact Person	4. Phone Number
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5. Name of Financial Institution	6. Full Address of Financial Institution
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7. Financial Institution ABA Number (Only 1 digit per box) (Complete only if the mortgagee's financial institution has access to the Federal Reserve Communication System)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. Telegraphic abbreviation of Financial Institution	9. Account Number at the Mortgagee's Financial Institution to be credited with the Funds
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10. Type of Correspondent Financial Institution to receive Electronic Funds Transfer (if the mortgagee does not have access to the Federal Reserve Communication System)	11. Full Address of Correspondent Financial Institution
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12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Telegraphic abbreviation of Correspondent Financial Institution

Comments:	Mail to:
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14. Title of Person completing this Form	Signature	Date
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Send original and 1 copy to the: U.S. Department of Housing and Urban Development  
Multifamily Claims Branch, HWAFCR  
451 Seventh Street, S.W.  
Washington, DC 20410-8000.

Mortgagee/Servicer should retain 1 copy.  
Previous editions are obsolete.

form HUD 1044-D (9/2009)  
ref Handbook 4110.2