

Multifamily Insurance Benefit Claim**U.S. Department of Housing**

OMB Approval No. 2502-0418

Payment Information in Support of Claim

and Urban Development

(Exp. 7/31/2025)

Treasury Financial Communication System

Office of Mortgage Insurance Accounting and Servicing

for Mortgage Wiring Instructions

Multifamily Insurance Benefit Claims

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.

This document may be executed using electronic signatures that shall be considered as original signature for all purposes and shall have the same force and effect as original signatures. "Electronic signatures" shall include manual signatures scanned to an electronic format for transmission (e.g. via portable document format); digital signatures created with the use of electronic authentication software; or such other means or electronic execution as may be sufficient to authenticate the document under governing law.

| | |
|----------------------|-----------------|
| 1. Name of Mortgagee | 2. Full Address |
|----------------------|-----------------|

| | |
|-------------------|-----------------|
| 3. Contact Person | 4. Phone Number |
|-------------------|-----------------|

| | |
|----------------------------------|--|
| 5. Name of Financial Institution | 6. Full Address of Financial Institution |
|----------------------------------|--|

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)

| | |
|--|--|
| 8. Telegraphic abbreviation of Financial Institution | 9. Account Number at the Mortgagee's Financial Institution to be credited with the Funds |
|--|--|

| | |
|---|---|
| 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 |
|---|---|

12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds)

13. Telegraphic abbreviation of Correspondent Financial Institution

| | |
|-----------|----------|
| Comments: | Mail to: |
|-----------|----------|

| | | |
|--|-----------|------|
| 14. Title of Person completing this Form | Signature | Date |
|--|-----------|------|

Send original and 1 copy to the: **U.S. Department of Housing and Urban Development**
Multifamily Claims Branch, HWAFC, Room 6252
451 7th Street, S.W., Washington, DC 20410-8000

Mortgagee/Service should retain 1 copy.

form HUD 1044-D (9/2009)

Previous editions are obsolete.

ref Handbook 4110.2