Speridian
TECHNOLOGIES

Mortgage Provider Onboarding Form

Provider name	
Federal Tax ID #	
Address	
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	

Is the provider capable of doing CDF?   Yes ____   No ____

Did you submit your W9 form?   Yes _____   No _____

(This is a requirement for onboarding)

How would you like to receive payment?   ACH _____   Check _____

(ACH Preferred)
If ACH, please complete below:

Account Type	ACH Account #	Confirm ACH Account #	ACH Routing #	Confirm ACH Routing #
Checking __ S Saving				

If Check, please complete below:

Street Address: _____   Apt/Suite/Other: _____

City: _____   State: _____   Zip Code: _____

Signature: _____   Date: _____