



## Draw Banking Form

Dear Borrower:

Please complete, or have your bank complete, the details below for the account you would like your approved rehab funds to be released to. **FOR ALL TRANSACTIONS THAT REQUIRE WIRE TRANSFERS, PLEASE NOTE: Upon receipt of wire instructions, you are advised to call and confirm the instructions accuracy prior to initiating wire transfer. Such additional verification will help prevent potential wire fraud and will ensure the security and protection of your funds.**

Loan No. \_\_\_\_\_

Bank Name: \_\_\_\_\_

Wire Routing No. \_\_\_\_\_  
(if your bank has a specific wire routing no.)

Bank Account No. \_\_\_\_\_

Name on Account: \_\_\_\_\_

Address on Account: \_\_\_\_\_  
\_\_\_\_\_

Reference (if needed): \_\_\_\_\_

If you have questions, or require additional information, please feel free to contact our draws department by phone at (800) 971-5988 or by email at [draws@cogocapital.com](mailto:draws@cogocapital.com) If you have questions about wires contact [cs@lakecityservicng.com](mailto:cs@lakecityservicng.com) or call (800) 630-9252.

Thank you,  
Cogo Draw Department