



# MPF® Participating Financial Institution – Servicer Information Form

Applicant Institution's Complete Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Overnight Mailing Address: \_\_\_\_\_

## SERVICING MANAGER

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

E-Mail Address: \_\_\_\_\_

Direct Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## INVESTOR REPORTING SUPERVISOR

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

E-Mail Address: \_\_\_\_\_

Direct Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## INVESTOR REPORTING REPRESENTATIVE

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

E-Mail Address: \_\_\_\_\_

Direct Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## SYSTEM ADMINISTRATOR

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

E-Mail Address: \_\_\_\_\_

Direct Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**When completed, the MPF Representative will send a copy to Wells Fargo Bank, Master Servicer, to enable it to reach your key servicing staff whenever necessary.**