



**DRAW REQUEST**

**BORROWER INFORMATION**

Name of Borrower:		
Phone:	Fax:	Cell:
E-mail:		
Address:		
City:	State:	Zip Code:

**PROPERTY INFORMATION**

Address:		
City:	State:	Zip Code:
Access to property:	Lock Box Code:	

**FUNDING INFORMATION**

Check mailed:	Check Picked Up:	Bank ACH #:
If money is to be sent ACH, provide the information below. Funds will only be sent to the Borrower. A \$25 bank fee applies		
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Name on bank account:	Acct. Number:	ACH Number:

**LIST OF REPAIRS TO BE PAID BELOW**

Description of Repairs	Draw Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Less Inspection Fee	-175.00
Less Bank Service Fee If Applicable	-25.00
<b>Net Draw Amount</b>	

**\*\* Repairs must be inspected and 100% complete before funds will be released.**

**\*\* Draw request should be turned in by Thursday; funds will be disbursed on the following Friday.**

**Catalyst Funding**  
**11550 Fuqua, Suite 210**  
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**800.915.4187 fax.**