

Post Closing Information Form
For Initial Shipment of Collateral File
1. Applicant Institution's Complete Name
2. Applicant Mailing Address
3. Applicant Overnight Mailing Address
4. Are you a MERS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ORG ID _____
Post Closing Department Head
Name
E-Mail Address
Direct Number
Fax Number
Post Closing Representative
Name
E-Mail Address
Direct Number
Fax Number
When completed, the MPF Representative will send a copy to Wells Fargo Bank, Program Custodian, to enable it to reach your key post closing staff whenever necessary.