

## ACH DIRECT DEPOSIT AUTHORIZATION FORM

### AUTHORIZATION AGREEMENT

COMPANY NAME

**ADAMS COUNTY HOUSING AUTHORITY**

I (we) herby authorize: Adams County Housing Authority (ACHA)

hereinafter called ACHA, to initiate Direct Deposit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called Bank to credit the same to such account.

BANK NAME & ADDRESS

TRANSIT / ROUTING NUMBER

NAME ON ACCOUNT

CHECKING

SAVINGS

ACCOUNT NUMBER

This authority is to remain in full force and effect until ACHA and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ACHA and BANK reasonable opportunity to act on it. After account has been credited, ACHA has the right to have the amount of erroneous credit immediately debited from my account by Bank, provided ACHA sends written notice of such entry in error to the Landlord named below.

**Please attach a voided check for account verification purposes.**

Date

Name (Please Print)

Name (Please Print)

Signature

Signature

Please supply your email address below: