

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

HOUSING AUTHORITY OF HENDERSON ID NUMBER 61-6002375

I (we) hereby authorize the **Housing Authority of Henderson**, to initiate credit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called the **Depository**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Checking Account Savings Account

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the **Housing Authority of Henderson** has received written notification from me (or either of us) of its termination in such manner as to afford the **Housing Authority of Henderson** and the **Depository** a reasonable opportunity to act on it.

Name(s): _____
Please Print _____

ID Number: _____

Signature: _____ Date: _____

Note: Written credit authorizations must provide that the receiver may revoke the authority only by notifying the originator in the manner specified in the authorization.

Note: This authorizes the **Housing Authority of Henderson** to deposit money into my account for payment due as agreed upon.

PLEASE ATTACH A VOIDED CHECK HERE