## **Authorization Agreement for Direct Deposits of HAP Checks**

I (we) hereby authorize the Amherst Housing Authority, hereinafter called AHA, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our) subsidy payment, to my (our) bank accounts indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions through my (our) account must comply with the provisions of U.S. law.

Landlord Name:
Address:
City, State, Zip:
Landlord Phone Number:
Bank Name:
Bank Address:
City/State:
Bank Phone Number:
Type of account: Checking Savings
Routing Number Account Number
This authorization is to remain in full force and effect until AHA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AHA and DEPOSITORY a reasonable opportunity to act on it.
Name(s) Please Print
Signed: Date:
Signed: Date:

\*\*\* Please attach photocopy of a voided check or official bank documentation confirming the routing and account numbers.