



Greene Metropolitan Housing Authority

538 North Detroit Street, Xenia, OH 45385

Xenia: 937.376.2908 Fairborn: 937.429-7736 Section 8 Fax: 937.347.1230 TDD: 937.374.1607
website: gmha.net

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Mandatory enrollment Effective September 2013

(Please Print)

LANDLORD/PAYEE NAME _____ TAX ID NUMBER _____

E-MAIL ADDRESS: _____ Phone Number: _____

I (we) hereby authorize Greene Metropolitan Housing Authority HCVP, hereinafter called AUTHORITY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK/DEPOSITORY NAME _____ BRANCH _____

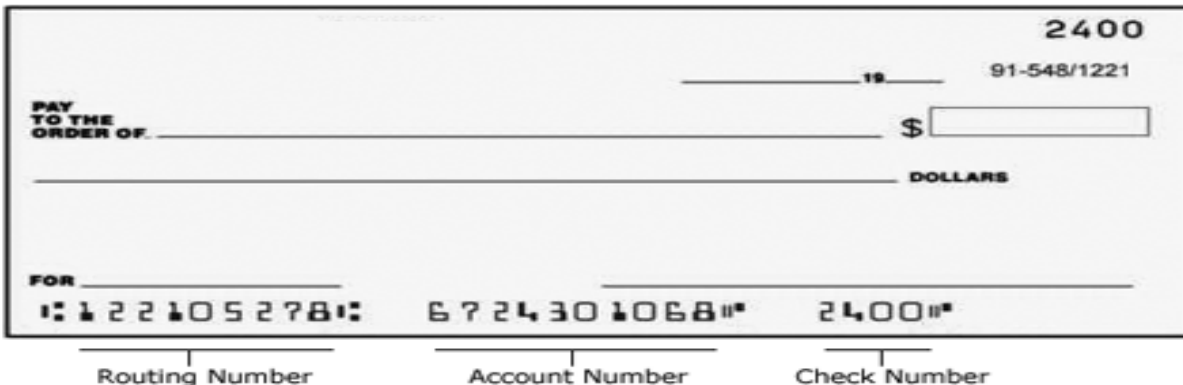
CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until AUTHORITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AUTHORITY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ TAX ID NUMBER _____ (PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____



**** ATTACH A COPY OF A VOIDED CHECK, Deposit Tickets Will Not Accepted ****

This form may be returned by mail or hand delivered to our office-538 N. Detroit Street, Xenia, OH 45385
Address to the attention of the accounting department.
Office hours 8:00 am to 4:00 pm Monday through Friday.