

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

COMPANY NAME: **MCKEAN COUNTY HOUSING AUTHORITY**

I (we) hereby authorize **MCKEAN COUNTY HOUSING AUTHORITY**, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called 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.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Is this account: (check one)

Checking Account

Savings Account

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

Name(s): _____

SS#/ID Number: _____

(Please Print)

Date: _____

Signature(s): _____

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

Note: This authorizes the COMPANY named above to deposit money into my account for payment due as agreed upon.