

GASTONIA HOUSING AUTHORITY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS) FOR INVOICE PAYMENTS

Company Name Or Owner Name:

I (we) hereby authorize Gastonia Housing Authority, hereinafter called COMPANY, to initiate credit entries to my (our) ___ Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Bank / Depository

Name _____

Branch _____

City _____

State _____

ZIP _____

Transit / ABA # _____

Account # _____

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

Name(s) _____

(PLEASE PRINT)

Federal Tax ID Number / Social Security Number: _____

Date _____ Signature _____

Signature _____

Email address: _____

****EMAIL ADDRESS IS REQUIRED**** It is important that you provide an email address for delivery of your Direct Deposit Payment Detail

******* PLEASE ATTACH A VOIDED CHECK*******