

GASTONIA HOUSING AUTHORITY

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

Company 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: _____

Date _____ Signature _____

Signature _____

Email address: _____

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

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