

# Randolph County Housing Authority ACH Direct Deposit of HAP Payment Authorization Agreement

I hereby authorize Randolph County Housing Authority to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections to my account indicated below, and the financial institution named below to credit or debit the same to such account.

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Financial Institution Name

Contact person

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Financial Institution Address

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Financial Institution Phone Number

Fax Number

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Financial Institution Routing/Transit Number

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Checking Account Number

OR

Savings Account Number

This authority is to remain in full force and effect until Randolph County Housing Authority has received written notification from me of its termination in such time and in such manner as to afford Randolph County Housing Authority a reasonable opportunity to act on it.

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Name

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Address

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Phone Number

Social Security/FEIN

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Signature

Date