STARK METROPOLITAN HOUSING AUTHORITY

Authorization Form
Direct Debit of Account

Name: _____ _____ _____
Last First MI

_____ _____
Primary Phone: Secondary Phone:

_____ _____ _____
Address: City: State:

_____
Social Security #

Please check an option below (select only one):

- € Automatic Debit-recurring debit from a checking or savings account**. Please complete and sign this form, attached a voided check for the account you wish to debit and return to the address below.**
- € Change of accounts and/or financial institution**. Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address below.**
- € Cancel participation. **Please complete and sign this form, for the account you wish to remove from participation and return to the address below.**

Select account:
€ Checking € Savings € Money Market

Routing # _____ Account# _____

Your routing and checking account numbers appear at the bottom of your check. To assure accuracy, please attach a voided check. If you have trouble locating these numbers, please contact your financial institution.

_____
Financial Institution:

_____ _____ _____
City: State: Zip:

Authorization Statement:
I hereby authorize Stark Metropolitan Housing Authority and the financial institution above to debit my account electronically each month on approximately the 5th of each month, beginning the month of _____.

This authority will remain in effect until I have signed a new authorization, or completed a second form cancelling authorization.

_____ _____
Signature: Date:

Is this a joint account € Yes € No

If yes, signatures from all parties on account are required

_____ _____
Signature: Date:

The amount of rent due will be automatically debited from your banking account each month, unless written authorization is received cancelling participation of direct debit. SMHA will notify you of any changes to your rent at least 30 days prior to the effective date.

Please be advised that if you choose to use a Savings or Money Market Account, your financial institution may limit the number of transactions. Fees may also be assessed or authorization declined. Please contact your financial institution for further information.

Please allow up to 30 days for your request to be processed. You are responsible for making payment until this direct debit service is established.

Please note that any changes other than your regular monthly rent will not be debited from your account and you will be responsible for making payment to SMHA for any such charges in a timely manner.

In the event your direct debit is declined due to NSF, your account will be assessed a $20.00 fee.

***SMHA does not accept payments at its administrative office.**

<u>Cancellation:</u>
You must fill out a separate authorization form to cancel this service.

Please sign this form and return to the address listed below:

SMHA
400 E. Tuscarawas Canton, OH 44702
330-454-8051 or Fax 330-454-7539

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Office Use Only
Date Received:_____ Amp # _____
Date Entered: _____ Account# _____
Initials: _____