

**SMHA AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT  
(ACH CREDITS)**

LANDLORD INFORMATION:

Name: \_\_\_\_\_

Employer ID or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I (we) hereby authorize Stark Metropolitan Housing authority, hereafter called AGENCY, to initiate credit entries to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit the same to such account.

Depository (Bank) Name: \_\_\_\_\_

Depository (Bank) Address: \_\_\_\_\_

Type of Account (check one):                       Checking                       Savings

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authority is to remain in force and effect until the AGENCY has received written notification of its termination in such time and in such manner as to afford the AGENCY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) (please print): \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

ATTACH VOIDED CHECK HERE (**NO DEPOSIT SLIPS PLEASE**)