

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

Landlord Information:

Legal Name: _____ Employer ID or SSN: _____

Point of Contact Name: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____

(Required)

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): _____ Signatures(s): _____ Date _____

_____ Date _____

PLEASE PROVIDE VOIDED CHECK (NO DEPOSIT SLIPS PLEASE)

For Finance Only:

Vendor Code: _____

Finance Staff: _____
Date

Finance Reviewer: _____
Date