STARK METROPOLITAN HOUSING AUTHORITY Vendor Agreement for Electronic Payment/Deposit

Name / Entity:(Must agree with IRS W- 9)		
Federal ID or SSN:		
(Must agree with IRS W-9)		
Mailing Address:		
Phone Number:	Email Address:	
I hereby authorize Stark Metropo entries (deposits) to below deposi adjustments to any transactions cred	olitan Housing Authority itory and to initiate, if	• • • • • • • • • • • • • • • • • • • •
Depository (Bank) Name:		
Depository (Bank) Address:		
Type of Account (check one):		
Exact Name on Account:		
Routing Number:	Account Number:	
Your signature below is your cont Authority ("SMHA") to follow you listed above and you agree that you you revoke the authorization in write SMHA to adjust its accounting pro- signature is of an authorized repre- entity/individual property owner. A acknowledge the signature subscrib	ur written instructions to a continuing authorization ting and submit to SMHz cedures. Further, you consentative with authority As such, you hereby auth	o deposit funds in the account on will remain in effect unless A within a reasonable time for affirm that the below name and to act on behalf of the above orize SMHA to recognize and
A confirmation of account inform original voided check, must acco starter checks and deposit slips are bank letterhead, it must contain the transit number, account number a	ompany this document. e not acceptable. When s the name of financial i	Facsimile copies of checks, submitting documentation on institution, electronic routing
By signing below, I confirm that I entered above is accurate and comp	<u> </u>	sentation and the information
Name(s) (please print):		
Signature(s)		Date:
Documents can be mailed to: SMI	HA 400 Tuscarawas Str	reet East, Canton Ohio 44702

 $\label{lem:contractor} \textbf{Internal: SMHA staff are not to complete this document on behalf of any property owner, vendor and/or contractor.} \\ G:\Accounting\Forms File\Vendor\Vendor\ACH Form Revised 2.04.2020.doc$

Attn: Finance Dept.