



Housing Choice Voucher Program
131 W. Boardman Street
Youngstown, Ohio 44503
Telephone: (330) 744-2161
Fax: (330) 742-2999

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Youngstown Metropolitan Housing Authority, hereinafter called COMPANY, to initiate credit entries, or such adjusting entries either debit or credit which are necessary for corrections, to my account indicated below and the depository names below, hereinafter called DEPOSITORY to credit (or debit) the same to such account.

Please check one of the following:

- Owner/Agent
Participant

Name

Depository (Bank) Name

Depository (Bank) City State Zip

Bank ABA/Transit Number (9 - digit number) Account Number

- Type of Account:
Checking Account
Savings Account

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY reasonable opportunity to act on it.

Name (Please Print)

Signature

Date

Phone Number

Name (Please Print)

Signature

Date

Phone Number

Please Attach a Voided Check or Deposit Slip To This Form