

# AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDIT/DEPOSITS

## ACH CREDIT

**COMPANY NAME:** AMSTERDAM HOUSING AUTHORITY

I/We \_\_\_\_\_ authorize The Amsterdam Housing Authority, to initiate credit entries and to, if necessary, debit entries and adjustments for any credit entries made in error to my/our  checking  savings account (select one) indicated below and depository/bank named below, hereinafter called "Depository", to debit and/or credit the same to such account.

**DEPOSITORY/BANK NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**E-MAIL NOTIFICATION:** \_\_\_\_\_

**TRANSIT/ABA NUMBER:** \_\_\_\_\_  
(BANK ROUTING NUMBER)

**TELEPHONE#:** \_\_\_\_\_

**BRANCH LOCATION:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_  
**TYPE OF ACCOUNT:**  **CHECKING**  **SAVINGS (CHECK ONE)**

**CHECKING ACCOUNT:** PLEASE ATTACH A VOIDED CHECK

This Authorization Agreement is to remain in full force and effect until The Amsterdam Housing Authority has received written notification from me/us of its termination in such time and in such manner as to afford The Amsterdam Housing Authority and Depository a reasonable opportunity to act on the request.

**LANDLORD**

**AMSTERDAM HOUSING AUTHORITY**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PLEASE PRINT

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE