## **AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDIT/DEPOSITS ACH CREDIT**

☐ ADD TENANT

☐ CHANGE EXISTING INFORMATION ON FILE		
COMPANY NAME: AMSTERDAM HOUSING AUTHORITY		
entries and adjustments for any cr	edit entries made in error t	credit entries and to, if necessary, debit o my/our checking/savings account er called "Depository", to debit and/or
DEPOSITORY/BANK NAME:		
CITY:		
E-MAIL NOTIFICATION:		
TRANSIT/ABA NUMBER:	(BANK ROUTING N	NUMBER)
OWNER TELEPHONE#:		
ACCOUNT NUMBER: TYPE OF ACCOUNT:	□ CHECKING □ SA	/INGS (CHECK ONE)
CHECKING ACCOUNT: PLEASE ATTACH A COPY OF 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 EXECUTIVE DIRECTOR
PLEASE PRINT		DAMARIS G. CARBONE PLEASE PRINT
I LEAGE FININI		I LEAGE FININI
DATE	<del>-</del>	DATE