



The Housing Authority of the City of Alexander City

2110 County Road, Alexander City, AL 35010
Telephone: (256) 329-2201 Fax: (256) 329-6519

AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Alexander City Housing Authority, hereinafter called ACHA, to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Financial Institution Name) (Branch) _____

(City/State) (Zip) _____

Routing Number Account Number Type of Acct: ___ Checking ___ Savings

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

Print Individual Name

Print Social Security or Federal ID Number

E-Mail Address: _____

Signature

Date