

## AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I hereby authorize ATTLEBORO HOUSING AUTHORITY, to initiate debit entries to my Checking or Savings account indicated below and the depository named below, to debit the same to such account.

### TENANT INFORMATION

TENANT NAME: .....

TENANT ADDRESS: \_\_\_\_\_

### BANK INFORMATION

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Please circle one:    Checking       Savings

Rent Amount: \$ \_\_\_\_\_

Repayment Amount: \$ \_\_\_\_\_  
If Applicable

Total Amount to be Debited: \_\_\_\_\_ Effective Date: \_\_\_\_\_

The date of direct debit debited from your account will be either on the 5<sup>th</sup> day of each month or the 20<sup>th</sup> day of each month (please circle one).

This authority is to remain in full force and effect until the Attleboro Housing Authority and the Bank receive notification from me of its termination in such time and in such manner as to afford Attleboro Housing Authority and the Bank a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_