

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 on the 5th day of each month.

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: _____