



HCV Landlord Authorization Automatic Deposits Agreement (ACH Credits)

I (we) hereby authorize the Columbiana Metropolitan Housing Authority, hereinafter called COMPANY to initiate credit entries, or such adjusting entries either debit or credit which are necessary for corrections, to my account indicated below and the depository names below, hereinafter called DEPOSITORY to credit (or debit) the same such account.

Landlord Full Name

Depository (Bank) Name

Depository (Bank) City State Zip Code

Bank ABA/Transit Number (9-Digit Number): _____

Account Number: _____

Type of Account: Checking Account
 Savings Account

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

Name (Please Print)

Signature

Date

Phone Number

If Joint Account, Joint Name (Please Print)

Signature

Date

Phone Number

Please submit a Voided Check or a Deposit Slip with this form and send back to HCV@colmha.org or CMHA HCV Program 325 Moore Street, East Liverpool, OH 43920