

Authorization Agreement for Direct Deposits (ACH Credits)

Payee Name _____ **SSN/FEIN#** _____

I (we) hereby authorize Metro West Housing Solutions (MWHS), to initiate credit entries to my (our) () **Checking** () **Savings account** (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____ **Type of Account:** **Personal**
(Please mark only one) **Business**

City _____ **State** _____ **ZIP** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until Metro West Housing Solutions has received written notification from me (or either/any of us) of its termination in such time and in such manner as to afford Metro West Housing Solutions and the Depository a reasonable opportunity to act on it.

Tenant Names _____

Signed _____

Dated _____

Email Address _____

Phone # _____

Note: *All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*

(Attach copy of check here.)