

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

COMPANY NAME: Jackson Housing Authority

COMPANY TAX ID: 64-0519361

I (we) hereby authorize Jackson Housing Authority, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking  Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_

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

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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

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(STAPLE VOIDED CHECK HERE)