



**AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS**

YES, I (We) \_\_\_\_\_, hereby authorize CMHA to deposit my Housing Assistance Payment (HAP) directly into my bank account for the addresses listed here:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Bank Branch \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ABA No: \_\_\_\_\_

*(The ABA Number is located at the lower left hand corner of your check (see the sample below))*

The name as it appears on your bank account: \_\_\_\_\_

Account Number: \_\_\_\_\_ [ ] Checking [ ] Savings

This authorization shall remain in full force and effect until CMHA has received written notification from me (or either of us) of its termination in such time and in a manner to afford CMHA time to comply.

**\*\* Please Print \*\***

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Tele: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Date Signed SS#

A VOIDED CHECK OR BANK VERIFICATION FORM FROM A FINANCIAL INSTITUTION **MUST** BE ATTACHED FOR VERIFICATION.

**Return to: CMHA**  
1635 Western Avenue  
Cincinnati, OH 45214  
**Phone: 513-977-6849 Fax: 513.665.3102**

\*\*\*SAMPLE CHECK\*\*\*

John Doe 1232 Main Street Any City, USA 00000	1001 12-34/560
Pay to the Order of <u>CMHA</u>	\$ <u>250.00</u>
<u>Two Hundred Fifty and 00/100-----Dollars</u>	
The 1 <sup>st</sup> National Bank Cincinnati, OH	
For _____ 0123456789 (This is the ABA No.)	_____ 012345678 (This is the Account No.)

**CONFIDENTIAL**

Please make a copy of this form for your records.