



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 st 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.