



Financial Services Department
1635 Western Avenue
Cincinnati, Ohio 45214
T: (513) 977-5604
tenantaccounting@cintimha.com

**DIRECT DEPOSIT UTILITY REIMBURSEMENT PAYMENT (DDURP)
AUTHORIZATION TO CREDIT ACCOUNT**

This voluntary agreement entered into on _____, 20____, by and between _____, Client No. _____ ("Tenant") who resides at _____, Ohio, _____ (zip code) and the Cincinnati Metropolitan Housing Authority (CMHA) authorizing the automatic deposit of the tenant monthly Utility Reimbursement Payment (URP), if applicable, to the tenant's checking or savings account and shall consist of the following terms: **RECITALS**

WHEREAS, Tenant and CMHA desire to have CMHA credit said account monthly to pay tenant's utilities and any additional charges, if applicable:

THEREFORE, in consideration of the mutual provisions contained herein, CMHA and Tenant hereby agree to the following terms:

1) Tenant hereby authorizes CMHA to credit the tenant's () savings () checking Account no. _____, Routing no. _____ At the _____ branch of _____ in the City of _____, State of Ohio, an amount totaling one month's utility allowance per the 50058, if applicable.

2) Tenant's URP, if applicable, shall be due on the first business day of each month. CMHA shall credit tenant's () savings () checking no later than the **5th** of each month.

3) Tenant understands that CMHA authorization will be in effect until he or she notifies **CMHA** and their financial institution in writing that he or she no longer desires this service, allowing them reasonable time to act on their notification (within five calendar days prior to the next month).

4) Tenant also understands that if corrections in the credit amount are necessary, whether due to a recertification or the tenant leaving the program, it may involve an adjustment (credit or debit) to their account; tenant authorizes CMHA to pull credits back if issued in error.

5) There shall be no charge to the tenant for this service, other than the normal monthly service charge(s) assessed by the resident's financial institution for their account;

6) Automatic deposit of URP, if applicable, will commence the first month following the receipt of this authorization by the tenant accountant within the Finance Department.

7) Written notifications required herein shall be made to the following persons:

CMHA CONTACT

Tenant Accountant/Finance Dept
1635 Western Avenue
Cincinnati, OH 45214
Phone: 513-977-5604

IN WITNESS WHEREOF, CMHA and Tenant have executed this Agreement as of the date first above written.

AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Date

Tenant's Client ID Number

Tenant's Name (print)

Tenant's Signature

Tenant's Contact Phone Number

Tenant's Email

CMHA representative (print)

Title

Signature of CMHA representative

Date of CMHA Representative's Signature

CMHA Finance Representative Only:

☐ New ☐ Change

Select Changes (if applicable):

☐ Bank Name ☐ Account No ☐ Credit Date ☐ Other Change: _____

Effective Month: _____

Total Amount Credited: \$ _____ .00