



HOUSING AUTHORITY OF THE CITY OF BILOXI

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Vendor Name _____
Vendor Address _____
Vendor City/ ST/ Zip _____

I (we) hereby authorize the Housing Authority of the City of Biloxi, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our):
(select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that this authorization will remain in effect for the entire period of any and all Housing Assistance Payment Contract(s) with the COMPANY. I (we) further acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Authorized Signatory(s) _____ TIN Number _____
(Please Print)

Signature Date _____

(Please Print) TIN Number _____

Signature Date _____

ATTACH A VOIDED CHECK BELOW: