



HOUSING AUTHORITY OF THE CITY OF BILOXI

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) HCV Landlords

Name _____ Telephone No. _____

Address _____ Email _____

City, State 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 business transactions 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) _____ (Please Print) TIN _____

Signature Date _____

(Please Print) TIN _____

Signature Date _____

ATTACH A VOIDED CHECK BELOW: