



# 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:**