Appleton Housing Authority

Direct Deposit Authorization
ACH Debt Authorization Agreement

STAPLE VOIDED CHECK HERE
(Deposit Tickets & Starter Checks may NOT be used)

☐ **Yes**, I (we) wish to participate in Direct Payment to Appleton Housing Authority for monthly rent, A/C charges, and satellite charges through direct withdrawal from my savings or checking account.

I (we), _____,
(Name)

residing at _____,
(Address)

authorize Appleton Housing Authority to initiate withdrawals from my (our) checking or savings account as indicated below and the financial institution named below will allow such withdrawal for monthly rent payments. Rent payments will be withdrawn on the 4th of each month. I will be given 30 days notice of any withdrawal (rent) amount increases.

Financial Institution Name	Location-City	Bank Routing Number
_____	_____	_____
City, State, Zip	Account Type	Account Number
_____	Checking / Savings	_____

(Circle One)

Resident will be charged with any bank fees/charged incurred as a result of Non-sufficient funds in bank account at the time of withdrawal.

Month / Year to start direct rent pull _____-

This Authorization Form is a separate document from Dwelling Lease.

_____	_____
Name (Please Print)	Name (Please Print)
_____	_____
Signature	Signature

Date: _____

BEFORE SUBMITTING THIS FORM:

√ **DID YOU SIGN AND DATE THE BOTTOM OF THE FORM?**

√ **DID YOU ATTACH A VOIDED CHECK OR A LETTER FROM THE LENDING INSTITUTION, SIGNED BY THEM, STATING THE ROUTING NUMBER, ACCOUNT NUMBER & THE TYPE OF ACCOUNT (CHECKING OR SAVINGS)?**