Grand View Townhomes/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 Grand View Townhomes/ Appleton Housing Authority for monthly rent through direct withdrawal from my savings or checking account.

I (we), _____,
(Name)

residing at _____,
(Address)

authorize Grand View Townhomes/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. I will be given 30-day notice of any withdrawal (rent) amount changes.

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)?