

Riverwalk Place/Appleton Housing Authority

Direct Deposit Authorization
ACH Debt Authorization Agreement

☐

Yes, I (we) wish to participate in Direct Payment to Riverwalk Place/ Appleton Housing Authority for monthly rent through direct withdrawal from my savings or checking account.

I (we), _____,
(Name)

residing at _____,
(Address)

authorize Riverwalk Place/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 days 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)?**

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