

**AUTHORIZATION AGREEMENT FORM
FOR AUTOMATIC DEPOSITS**

I hereby authorize Jackson Housing Authority, hereinafter called JHA, to deposit to my account, indicated below, payment amounts due to my company with the same effect as if a check were mailed to me for such amount. I also authorize the Financial Institution, hereinafter called Bank, to credit the same such account. In the event that an entry was made in error, I authorize the Bank to make the adjusting entries to correct the error.

This authorization is to remain in effect until JHA or Bank has received written notification from my company of its termination in such time and manner as to afford JHA and Bank a reasonable opportunity to act on it.

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking Savings

Vendor Name: _____

SSN or TAX ID #: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Signature

Date

PLEASE ATTACH A VOIDED CHECK