



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Please complete and mail or drop of this form and a voided CHECK (no deposit slips) to our Section 8 office located at:

HRHA
Attn: Liane Cramer
1 S Armistead Ave
Hampton, VA 23669

Company Name: _____

I (we) hereby authorize HAMPTON REDEVELOPMENT AND HOUSING AUTHORITY and DEPOSITORY to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number: _____ Account: _____

Savings or Checking

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HAMPTON REDEVELOPMENT AND HOUSING AUTHORITY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Title: _____
(Please Print)

E-mail Address: _____ Phone #: (____) _____

Date _____ Signature _____

NOTE: ALL CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATIONS.

- **Attach Voided Check Here**