

FOND DU LAC HOUSING AUTHORITY
DIRECT DEPOSIT AUTHORIZATION

ACH Debit Authorization Agreement

STAPLE VOIDED CHECK HERE

Yes, I (we) wish to participate in Direct Payment to the Fond du Lac Housing Authority for monthly rent through direct withdrawal from my savings or checking account.

I, we, _____,
(Name)

residing at _____,
(Address)

authorize the Fond du Lac Housing Authority to initiate withdrawals from my (our) checking or savings account on the 4th day of the month as indicated below and the financial institution named below will allow such withdrawal for monthly rent payments, excess utility or security deposit 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/charges incurred as a result of non-sufficient funds in bank account at the time of withdrawal.

No, I (we) do not wish participation in Direct Payment of rent at this time.

This Authorization Form is a separate document from Dwelling Lease.

Name (Please Print)

Name (Please Print)

Signature

Signature

Date: _____