



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize Lucas Metropolitan Housing Authority hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such accounts.

This authority is to remain in effect until revoked by me in writing or by termination of my association with my company.

Bank Information:

Name of Financial Institution

Bank Account Information:

Bank Routing/Transit # (9 digits)

Checking Account #

OR

Bank Routing/Transit # (9 digits)

Savings Account #

* You may only choose one (1) account, checking or savings

Company Name (if applicable)

Print Your Name

Signature

Date

*** Note: For Checking Accounts: Attach a voided check or copy
For Savings Accounts: Please call Bank to Verify**

Mail to: LMHA, 435 Nebraska Ave, Toledo, OH 43604, Attention Accounting.

For Housing Authority Use Only

Date received _____

Received by _____

Date sent to Accounting _____

Date prenoted _____

Prenoted by _____