Electronic banking form



QUINCY HOUSING AUTHORITY -

DEBIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS) COMPANY NAME: QUINCY HOUSING AUTHORITY COMPANY ID NUMBER: 04-6004734

I (we) hereby authorize QUINCY HOUSING AUTHORITY hereinafter called COMPANY, to initiate debit entries and to my (our) Checking () Savings () account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME

CITY		
	STATE ZIP	
ROUTING NUMBER	ACCOUNT NO	_
COMPANY has received written n such manner as to afford COMPA	the month This authorization is to remain in full force and effective from me (or either of us) of its termination in such time a NY and DEPOSITORY a reasonable opportunity to act on it.	nd in
PROJECT/APARTMENT:		
DATE	SIGNED X	
SIGNED X		
NOTE: All written debit authorizat	ions must provide that the receiver may revoke the authorizat	ion only

by notifying the Originator in the manner specified in the Authorization. The receiver must be given a copy of their written debit authorizations.

Please enclose a copy of the following:

- Checking Enclose a copy of a voided check
- Statement Savings Only Enclose a copy of the bank statement
- Passbook Savings is not accepted