CMHA

AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS

YES, I (We)_____, hereby authorize CMHA to deposit my Housing Assistance Payment (HAP) directly into my bank account for the addresses listed here:

1. _____

2. _____

3. _____

4. _____

Bank Branch _____

City:_____ **State:**_____ **Zip:**_____

ABA No: _____

(The ABA Number is located at the lower left hand corner of your check (see the sample below))

The name as it appears on your bank account: _____

Account Number: _____ ☐ **Checking** ☐ **Savings**

This authorization shall remain in full force and effect until CMHA has received written notification from me (or either of us) of its termination in such time and in a manner to afford CMHA time to comply.

** **Please Print** **

Name(s): _____

Address: _____

City:_____ **State:**_____ **Zip:**_____

Daytime Tele: (_____) _____

_____	_____	_____
Date	**Signed**	**SS#**

A VOIDED CHECK OR BANK VERIFICATION FORM FROM A FINANCIAL INSTITUTION **MUST** BE ATTACHED FOR VERIFICATION.

Return to: **CMHA**
1635 Western Avenue
Cincinnati, OH 45214
Phone: 513-977-6849 **Fax:** 513.665.3102

SAMPLE CHECK

John Doe **1001**
1232 Main Street **12-34/560**
Any City, USA 00000

_____, _____

Pay to the Order of **CMHA** **$ 250.00**

Two Hundred Fifty and 00/100----------Dollars

The 1st National Bank
Cincinnati, OH

For _____

0123456789 *(This is the ABA No.)* **012345678** *(This is the Account No.)*

CONFIDENTIAL

Please make a copy of this form for your records.