



AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS

****THIS SECTION MUST BE COMPLETED****

Address(es) of your properties affected by direct deposit:

YES, I (We) _____, hereby authorize CMHA to deposit my Housing Assistance Payment (HAP) directly into my bank account designated below.

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 check copy) MUST BE ATTACHED FOR VERIFICATION. Please remember to make copy of this form for your records.

Return to: CMHA
Attention: Finance Dept. – HCV/S8
1635 Western Avenue
Cincinnati, OH 45214
Phone: 513.721-4580 Fax: 513.665.3102 or 513.665.3135

SAMPLE CHECK

John Doe 1232 Main Street Any City, USA 00000	1001 12-34/560
Pay to the Order of CMHA	\$ 250.00
Two Hundred Fifty and 00/100-----Dollars	
The 1 st National Bank Cincinnati, OH	
For 0123456789 (This is the ABA No.)	012345678 (This is the Account No.)