

Buchanan County Housing, Inc
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

Company Name: _____

Company Tax Identification Number: _____

I (we) hereby authorize, _____ hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Signature

Date

Company Employee Signature

Date

NOTE:

- ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.
- ORIGINATING COMPANY IS REQUIRED TO RETAIN THIS AUTHORIZATION FOR TWO YEARS AFTER AUTHORIZATION HAS BEEN REVOKED.