



Housing Authority of the City of Eastman Authorization for Direct Debit

Resident Form

This authorizes **Housing Authority of the City of Eastman** (EHA) to send debit entries (and appropriate debit for security deposits, maintenance charges, late fees or other charges as establish within the Lease Agreement), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your Bank's company name in the blank space above.

Account Type (check one): Checking Savings

Bank Name (Resident)

Address

City

State

Zip

Bank Routing # (ABA#)

Account #

Please attach a voided check for account here

This authorization will be in effect until the Housing Authority of the City of Eastman receives a written 30-Day Notice of Intent to Vacate and/or the Resident has vacated the premises. It is the responsibility of the Resident to give the Housing Authority of the City of Eastman notice to allow a reasonable opportunity for the Authority to act on it.

Tenants Signature

Printed Name

Tenants SSN

Date

IMPORTANT: This document must be signed by Resident for automatic debit of Rent and other charges and retained on file by the EHA. Resident must attach a voided check of their account to ensure the verification of account numbers and bank routing numbers.

EHA: Start Date: _____ **Staff Signature:** _____

Termination Date: _____ **Staff Signature:** _____