Housing Authority of the City of Eastman Authorization for Direct Debit

This authorizes <u>Housing Authority of the City of Eastman</u> (EHA) to submit debit entries (and appropriate debit for rent, 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 informa	tion below:		
Account Type (Check One):			
Bank Name		_	
Address	City	State	Zip Code
Bank Routing # (ABA#)	Account #		
Please attach a voided c	heck for account here		
This authorization will be in effect to 30-Day Notice of Intent to Vacate a responsibility of the Resident to give reasonable opportunity for the Authorization.	and/or the Resident has vaca /e the Housing Authority of th	ted the premises. It	is the
Tenant's Signature	Date		
Tenant's Printed Name	 Tenant's SS	N	

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

