

OSHKOSH/WINNEBAGO COUNTY HOUSING AUTHORITY

DIRECT DEPOSIT AUTHORIZATION ACH Debit Authorization Agreement

STAPLE VOIDED CHECK HERE
(Deposit Tickets & Starter Checks may NOT be used)

Yes, I (we) wish to participate in Direct Payment to Oshkosh /Winnebago County Housing Authority for monthly rent through direct withdrawal from my savings or checking account.

I (we), _____,
(Name)

residing at _____,
(Address)

authorize Oshkosh/ Winnebago County Housing Authority to initiate withdrawals from my (our) checking or savings account as indicated below and the financial institution named below will allow such withdrawal for monthly rent payments. I will be given 30 days notice of any withdrawal (rent) amount changes.

Financial Institution Name Location-City Bank Routing Number

City, State, Zip Account Type Account Number

Checking / Savings

(Circle One)

Resident will be charged with any bank fees/charges incurred as a result of non-sufficient funds in bank account at the time of withdrawal.

No, I (we) do not wish participate in Direct Payment of rent at this time.

This Authorization Form is a separate document from Dwelling Lease.

Name (Please Print)

Name (Please Print)

Signature

Signature

Date: _____

BEFORE SUBMITTING THIS FORM:

- ✓ **DID YOU SIGN AND DATE THE BOTTOM OF THE FORM?**
- ✓ **DID YOU ATTACH A VOIDED CHECK OR A LETTER FROM THE LENDING INSTITUTION, SIGNED BY THEM, STATING THE ROUTING NUMBER, ACCOUNT NUMBER & THE TYPE OF ACCOUNT (CHECKING OR SAVINGS)?**