



HOUSING CHOICE VOUCHER PROGRAM (HCVP)

8120 Kinsman Road, Cleveland, Ohio 44104
P: (216) 431-1471 | F: (216) 432-3971 Finance
cmha.net

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

AUTOMATIC DEPOSIT

ATTACH VOIDED CHECK HERE

ACCOUNT OWNER NAME (above)

RENTAL PROPERTY ADDRESS (please enter your rental address above)

I (we) hereby authorize CUYAHOGA METROPOLITAN HOUSING AUTHORITY, hereafter called AGENCY, to initiate credit entries to my (our) (**select one**) indicated below and the depository named below, hereinafter call DEPOSITORY, to credit the same to such account.

Checking account

Savings account

DEPOSITORY NAME

CITY STATE

Transit/ABA _____

ACCOUNT NO. _____

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

NAME(S) (PLEASE PRINT) _____

SIGNATURE(S) _____



COMMITMENT ACCOUNTABILITY RESPECT EXCELLENCE SAFETY