

## ACH AUTHORIZATION FORM

Please provide all required information listed below

Name of Bank: Bank Address:		
Bank Account Number Routing Number: (The routing number is the 9 digit number on the left at the bottom of you check) Account type : Checking Savings: Corporate: Private: One Time Payment Amount: \$		
Signature :	_ Date	

I hereby certify that I am duly authorized to legally bind the above reference bank account and authorize a one-time charge for the amount shown to the account listed above.

Please be advised that the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

AUTHORIZED ACCOUNT HOLDER TO WHOM INQUIRIES CONCERNING ACH TRANSFER ARE TO BE DIRECTED:

Name:	
Organization	-
Address:	
Work Phone () Cell: ()	_
E-mail address:	-

For a One Time Payment this authorization Is for a single transaction on or after the Indicated date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Houston Housing Authority may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this withdrawal charge with my bank so long as the transaction corresponds to the terms indicated in this authorization form.

Please note that the withdrawal may take 3-5 business days to process with your bank. Please email the completed form to <u>training@housingforhouston.com</u>. If you have questions regarding this form, please call 713-260-0500 Ext. 4771, Thank you!