

ACTION-Housing, Inc.

## **Emergency Rental Assistance Program Authorization Agreement for Automatic Entries**

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Date:

Organization/Individual Name:

I hereby authorized ACTION-Housing, Inc. to initiate credit and/or debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

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**Please attach a voided check to this form and return it to ACTION-Housing, Inc.**

Financial Institution Name:

City:

State:

Zip Code:

Transit / ABA Number (Nine-Digit Code):

Account Number:

Account Type:

Checking

Savings

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This authorization is to remain in full force and effect until ACTION-Housing, Inc., has received written notification from the organization of its termination in such time and such manner as to afford ACTION-Housing, Inc. a reasonable opportunity to act on it.

Approved by: Print Name

Title:

Email Address:

Phone:

Signature:

Date: