

North Platte Housing Authority
Authorization for Automatic Payments

I, _____, hereby authorize **The North Platte Housing Authority** to initiate debit entries to my account at the financial institution named below. The purpose of this debit is for monthly rent.

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK ROUTING #: _____

ACCOUNT #: _____ **CHECKING** _____ **SAVINGS** _____

EFFECTIVE DATE: _____ **10TH** _____ **OF EACH MONTH, STARTING:** _____

This authorization, as it pertains to the Financial Institution information, is to remain in effect until The North Platte Housing Authority has received written notification from me, and in such time and in such manner as to afford The North Platte Housing Authority and Financial Institution reasonable time to act on it.

I acknowledge the origination of ACH transaction to my account must comply with the provisions for U.S. law. This includes, but is not limited to, sanctions enforced by the Office of Foreign Assets Control (OFAC).

NAME (Printed): _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

ATTACH A "VOID" CHECK
