



530 E Pinner Street, Suffolk, Virginia 23434  
P: 757-539-2100 F: 757-539-5184 TDD 757-538-2886

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I (We) hereby authorize SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY to deposit monthly HCV Housing Assistant Payments (HAP) to the account listed below.

I (We) hereby authorize the SUFFOLK REDEVELOPMENT AND HOUSING and the financial institution listed below to initiate credit entries to my (our) account and if necessary make adjustments or reverse deposits for any month made to my account in error.

I (We) understand that this authorization will remain in full effect until the SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY receives written notice of cancellation from Me or either of Us, the financial institution or a new authorization form is received and in such manner as to afford SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY and financial institution a reasonable opportunity to act on it.

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please complete and mail or drop off this form and a voided check to our Finance Department located at:

Suffolk Redevelopment and Housing Authority  
Attn: Ms. Schultz  
530 E. Pinner Street  
Suffolk, VA 23434

Financial Institution Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**New** \_\_\_\_\_

**Cancellation** \_\_\_\_\_

**Change of account information** \_\_\_\_\_

**Attach Voided Check**

**Owner/Agent**

**Joint**

Company \_\_\_\_\_

\_\_\_\_\_

Tax ID# (SSN/FEIN) \_\_\_\_\_

Tax ID# (SSN/FEIN) \_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_

Signature (s) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: (\_\_\_\_\_) \_\_\_\_\_

Phone#: (\_\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_