

QUINCY HOUSING AUTHORITY - DEBIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)		
COMPANY NAME: QUINCY HOUSING AUTHORITY		
COMPANY ID NUMBER: 04-6004734		
I (we) hereby authorize QUINCY HOUSING AUTHORITY hereinafter called COMPANY, to initiate debit entries and to my (our) Checking () Savings () account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
BANK NAME _____		
CITY _____	STATE _____	ZIP _____
ROUTING NUMBER _____		ACCOUNT NO. _____
DATE OF DEBIT: Will be the 5 th of the Month		
This authorization is to remain in full force and effect until COMPANY has received written notice from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
NAME(S) _____		

DATE _____	SIGNED X _____	
	SIGNED X _____	

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization. The receiver must be given a copy of their written debit authorizations.

Please enclose a copy of the following:

- **Checking** – Enclose a copy of a voided check
- **Savings** – Enclose a copy of the top portion of the bank statement or copy of the front page of passbook.