



Mississippi Regional Housing Authority No. VII

ACH/Direct Deposit
Authorization Agreement

Name _____

Address _____

City _____ State _____ Zip _____

Phone #: _____ Fax #: _____

Alternate Contact Name: _____

Alternate Phone #: _____

Payment Notification: You must choose one of the two options listed below:

Option #1: E-Mail Notification E-Mail Address: _____

Option #2: None By checking this box, you understand that you will not receive any notification as to what amount will be posted to your account.

I (WE) HEREBY AUTHORIZE THE MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. 7 I TO INITIATE CREDIT AND, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY (OUR): Check One ___ Checking ___ Savings ACCOUNT INDICATED ABOVE BY SIGNING BELOW. I ATTEST THAT TO THE BEST OF W (OUR) KNOWLEDGE THAT THE DWELLING UNIT IS IN DECENT SAFE AND SANITARY CONDITION; THE CONTRACTING FAMILY IS IN THE UNIT AND IS EXPECTED TO BE THERE THE ENTIRE MONTH. THE DEPOSITED AMOUNT IS IN ACCORDANCE WITH THE PROVISIONS OF THE HOUSING ASSISTANCE PAYMENTS (HAP) CONTRACT AND PAYABLE UNDER THE HAP CONTRACT; ALL OTHER FACTS AND DATA ON WHICH THIS AMOUNT IS BASED ARE TRUE AND CORRECT; AND THAT I (WE) AM (ARE) AUTHORIZED TO MAKE SUCH A REQUEST.

ATTACH VOIDED CHECK HERE
(deposit slip will not be accepted)

Signature: _____

Print Name: _____

Today/s Date: _____

FOR OFFICE USE ONLY

Date Entered: _____

Assigned Vendor # _____

Housing Official: _____