



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
 Electronic Funds Transfer Request (EFT)
 Housing Authority of the City of Milwaukee Rent Assistance Program

I (we) hereby authorize the Housing Authority of the City of Milwaukee to initiate credit entries to my (our) Checking or Savings account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

FINANCIAL INSTITUTION _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA Number: 9 digit number from the bottom of your check

Account Number:

Type of Account: (please select one)

_____ **Checking Account** – Please attach a voided check to this form-see sample below. **(No starter checks will be accepted)**
 If a voided check is not available, please provide an Account Verification Statement from your financial institution with bank representative signature.

_____ **Savings Account** - Please provide an Account Verification Statement from your financial institution with bank representative signature.

This authorization is to remain in full force and effect until the Housing Authority of the City of Milwaukee has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Housing Authority of the City of Milwaukee and DEPOSITORY a reasonable opportunity to act on it.

Owner Email address _____

Print Name (1) _____
(This must match the name on record with the Rent Assistance Program)

Taxpayer ID Number/Social Security Number _____
(This must match the Tax ID/SSN on record with the Rent Assistance Program)

Signature (1) _____ Date _____

Phone (Home) _____ Phone (Work) _____

If the Rent Assistance checks are payable to more than one person, both must sign the Authorization Agreement.

Print Name (2) _____

Taxpayer ID Number/Social Security Number _____

Signature (2) _____ Date _____

SAMPLE VOIDED CHECK



► Nine Numbers bottom Left corner of Check is Transit/ABA Number