



# CHATTANOOGA HOUSING AUTHORITY

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize CHATTANOOGA HOUSING AUTHORITY, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my *(please check one)*  
 Savings  Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME (SAVINGS): \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ SAVINGS ACCOUNT NO. \_\_\_\_\_

AMOUNT TO BE DEPOSITED \_\_\_\_\_

DEPOSITORY NAME (CHECKING): \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ \*CHECKING ACCOUNT NO. \_\_\_\_\_

**\*Net amount will be deposited to this account.**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_ Tax ID / Social \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CHANGES TO DIRECT DEPOSIT ACCOUNTS TAKE 2 CHECK RUNS (APPROXIMATELY ONE MONTH) TO BECOME EFFECTIVE. DO NOT CLOSE YOUR EXISTING ACCOUNT WITHOUT NOTIFYING CHATTANOOGA HOUSING AUTHORITY IN ADVANCE.**