

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DEPOSITS (CREDITS)

Originating Company: THE HOUSING AUTHORITY OF THE COUNTY OF FRANKLIN
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

I hereby authorize The Housing Authority of the County of Franklin to (1) initiate credit entries to my account number indicated below at the depository named below; and (2) initiate, if necessary, debit entries or adjustments for any credit error.

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Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Account Type (check only one)    ☐ Checking (please attach a canceled check)

☐ Savings (please attach a deposit ticket,  
if available)

**Note:**

If you are in doubt about the routing and account numbers and you do not have a deposit ticket to attach, please call your bank for assistance.

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This authority is to remain in full force and effect until The Housing Authority of the Country of Franklin has received written notice of my intention to terminate this agreement (30 days notice is required)

Business Name - Please Print

Landlord Name - Please Print

Date

Landlord Signature

Social Security Number

Communication

If you would like to receive communication from Section 8 please check one:

☐ fax number: _____

☐ email address: _____