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ACH Direct Debit Payment Authorization Form

Tenant Name & Address _____

I hereby authorize Geauga Metropolitan Housing Authority (GMHA) to initiate debit entries to my account with the financial institution indicated below.

_____ One-Time Debit _____ Monthly before the 5th of the Month*

*If monthly is chosen: this authorization is to remain in full force and effect until GMHA has received written notification from me of its termination; at such time and in such manner as to afford GMHA above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Tenant Name _____ <small style="text-align: center;">Please Print</small>	Amount: _____
Tenant Signature _____	Date _____

Bank Account Information	
Depository Bank Name _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
City _____ State _____ Zip _____	
Routing/Transit Number _____	Account Number _____

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Pay To The Order Of _____ \$ _____

ATTACH VOIDED CHECK

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

2001

Date _____

_____ DOLLARS

Checking Account # (usually follows the Routing & Transit #)

Check Number (is not needed to complete this form)

Routing & Transit # (9 digit number between these two symbols)

*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.