



HOUSING AUTHORITIES
CITY OF EUREKA & COUNTY OF HUMBOLDT
 Executive Director-Secretary Wesley J. Weir
 735 West Everding Street, Eureka CA 95503
 Phone: (707) 443-4583 Fax: (707) 443-4762

AUTOMATIC CREDIT AUTHORIZATION FORM
For the Direct Deposit of Housing Assistance Payments

I/We authorize the Housing Authority of the County of Humboldt, hereinafter called COMPANY, to initiate CREDIT (deposit) entries to my/our checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

NOTE: Attach a blank check to this form that has "VOID" boldly written across the face of the check. (Please do not write over the numbers along the bottom of the check.) Please do NOT attach a deposit slip in lieu of a voided check as the numbers on the deposit slip may be different from those on a check.

Depository Name (Name of your bank)		Branch	
City	State	Zip	
Routing Number		Account Number	
Select One:		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

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

Printed Name	Email address (where you will receive your monthly statement)
Date	Signature

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



The Housing Authorities are Equal Housing Opportunity Organizations

