



**HOUSING AUTHORITIES
CITY OF EUREKA & COUNTY OF HUMBOLDT**



735 WEST EVERDING STREET, EUREKA CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111

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

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.

| | | | |
|--|--|-----------------------|--|
| Depository Name (Name of your bank) | | Branch | |
| | | | |
| City | State | Zip | |
| | | | |
| Routing Number | | Account Number | |
| | | | |
| Select One: | <input type="checkbox"/> Checking Account | | <input type="checkbox"/> Saving 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 (for email with ACH payment details) | |
| | | | |
| Signature | Date | Phone Number | |
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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.

Attach VOIDED check