

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS**

I hereby authorize the Jackson Housing Authority, hereinafter called, PHA, to deposit to my (our) account indicated below the Section 8 Housing Assistance Payment amount(s) I am due on a monthly basis with the same effect as if a check had been delivered to me for such amount. I also authorize the Financial Institution named below, hereinafter called Bank, to credit the same to such account. In the event that an entry to my account was made in error, I authorize the Bank to make the adjusting entries.

This authorization is to remain in effect until PHA or Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PHA and Bank a reasonable opportunity to act on it. Termination of Section 8 contract also voids this agreement.

THE PHA MUST KEEP THE ORIGINAL OR MICROFILM EQUIVALENT FOR TWO YEARS AFTER TERMINATION OR REVOCATION OF AUTHORIZATION.

Financial Institution _____

City _____ State _____ Zip _____

Account Number _____

Name(s) _____

SSN or TAX ID # _____

Signed _____ **Date** _____

PLEASE ATTACH A VOIDED CHECK

PHA USE ONLY

Bank Routing Number	Customer Bank Account