

**Norwood Housing Authority Authorization Agreement for
Direct Rental Payment**

Company name: Norwood Housing Authority

Federal Tax ID number: 04-2297593

I (we) hereby Authorize NORWOOD HOUSING AUTHORITY, to initiate debit / credit (direct payment reversals) entries to my (our) bank account on a monthly basis as indicated below.

Bank Name:	
Routing Number:	
Branch:	
State:	
Account Number:	

Debit amount will occur by the 5th day of each month. Funds must be available by this date. If not, it will be treated as a NSF check and additional charges will be applied to your account.

() Checking Account - Please Provide Voided Check

() Savings Account - Please Provide Bank Routing number and Account # with Deposit Slip

select only one

This authorization is to remain in full force and effective until Norwood Housing Authority has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Norwood Housing Authority and Depository a reasonable opportunity to act on it.

Names of Account Holders: _____

Date: _____

Signer : _____

Signer 2 (co-signer on account) : _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE NORWOOD HOUSING AUTHORITY IN WRITING.

Restrictions: * If your account is a joint account, both individuals must sign authorization form.