



CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

I (WE) HEREBY AUTHORIZE East Georgia Housing Authority Partners to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

Select One:

Checking Account
 Savings Account

At the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of credit(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) shall be on a monthly basis between and deposit shall be made between the first and fifth of each month.

I (we) understand that this authorization will remain in full force and effect until I (we) notify east Georgia Housing Authority Partners in writing that I (we) wish to revoke this authorization. I (we) understand east Georgia Housing Authority Partners requires at least 30 days prior notice in order to cancel this authorization.

Name(s) _____

Date: _____ Signature(s): _____

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828