



ECKAN

Direct Deposit Authorization

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Name: _____ Tax ID/ SS#: _____

Business Name: _____

The persons listed below hereby authorizes ECKAN Housing to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Email or Fax Number for notification: _____

Depository Name: _____ Phone No: _____

City: _____ State: _____ ZIP: _____

Routing No: _____ Account No: _____

(Information given above will be kept confidential and only used for rental assistance payments)

This authorization is to remain in full force and effect until ECKAN has received written notification from an authorized person, as listed below, of its termination in such time and in such manner as to afford ECKAN and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____