AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS

I (We),	herby authorize Ironton Metropolitan Housing
	herby authorize Ironton Metropolitan Housing Assistance Payment (HAP) directly into the bank
account listed below.	
Name, as it appears on the bank account:	
Bank Name:	
ABA Routing Number:	
(The ABA Routing Number is located at	t the lower left corner of your check. See sample below.)
Account Number:	Type: Checking Savings
This authorization shall remain in full force ar from me of its termination, and in such a mar	nd effect until IMHA has received written notification nner to afford IMHA enough time to comply.
PLEASE PRINT	
Name(s):	
City:	_ State: Zip Code:
Daytime Phone Number:()	
Email Address :	
(You will be notified of your de	eposit and the details by email)
Social Security Number or Taxpayer ID (TI	N):
Tunpayor 12 (11	
Signature:	Date:
A VOIDED CHECK, CHECK COPY, OR BE ATTACHED BELOW FOR VERIFIC for your records.	R SAVINGS ACCOUNT DEPOSIT SLIP MUST CATION. Please remember to make a copy of this form
Return this form to: Ironton Metropolitan Hou- 720 Washington St., Iront	
ROBERT SAMPLE	9999
JOAN SAMPLE 123 MAIN ST. PORTLAND. ME 04101	11/30/2011
Pay to the Council a Clask	Date
order or sample check	
one hundred and tittly eight	100 Dodars
America') Most Convenient Bank®	
FOX SAMPLE	Joan Sample
::123454321: 0123454321].• 9999
Routing Number Account Number	