



**CUMBERLAND HOUSING  
GROUP**

# **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS**

I hereby authorize the Housing Authority of the City of Cumberland to initiate debits for account balances due for tenant \_\_\_\_\_ from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize \_\_\_\_\_ to initiate a correcting transaction to/from the checking/savings account indicated below.

*Please Print or Type*

Financial Institution Name: \_\_\_\_\_

Branch Location Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:      Checking: \_\_\_\_\_      Savings: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Financial Institution Signature: \_\_\_\_\_

**NOTE: please attach a voided check to this form. Deposit slips WILL NOT be accepted. If the tenant does not have a voided check, then they must have this form completed by the financial institution.**