



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Mandatory enrollment effective September 2013

Complete this form ONLY if your banking information is new and/or changed.

(Please print)

LANDLORD/PAYEE NAME _____ TAX ID # _____

EMAIL ADDRESS _____ Phone #: (____) _____

I/we hereby authorized Greene Metropolitan Housing Authority HCVP, hereinafter called AUTHORITY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our checking or savings account (select one) indicated below and the depository named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

BANK/DEPOSITORY NAME _____

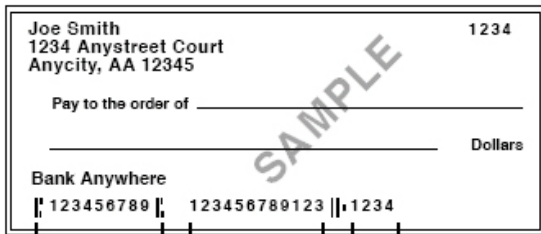
CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until AUTHORITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AUTHORITY and DEPOSITORY a reasonable opportunity to act on it.

PRINTED NAME(S) _____ TAX ID # _____

SIGNATURE _____ SIGNATURE _____ DATE _____



Routing Number

Account Number

Check Number

ATTACH A COPY OF A VOIDED CHECK. Deposit tickets will not be accepted.

This form may be returned by mail or hand delivered to our office at the above address, Attn: Accounting Department. Office hours are 8:00 am to 4:00 pm.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8). **

