AUTHORIZATION AGREEMENT PREAUTHORIZED DEPOSITS **ACH CREDITS CUSTOMER** NAME: STREET ADDRESS: CITY, STATE, ZIP: TELEPHONE #: () E-MAIL ADDRESS (for HAP notification):__ **COMPANY** NAME: Terre Haute Housing Authority ADDRESS: PO Box 3086 CITY, STATE, ZIP: Terre Haute, IN 47803-0086 TELEPHONE #: 812-232-1381 Extension 116 CONTACT NAME: Victoria Trench I (we) hereby authorize the Terre Haute Housing Authority (Company) to initiate credit entries to the Depository Financial Institution (DFI) identified below and authorize the DFI to post such credits to my (our) listed account. Adjusting entries to correct errors are also authorized. This authorization will remain in effect until written notice of termination is given the Company. I (we) acknowledge receipt of a completed copy of this Authorization. NAME OF DFI: ADDRESS OF DFI: DFI'S ROUTING & TRANSIT / ABA NUMBER: ACCOUNT NUMBER TO CREDIT: TYPE OF ACCOUNT: CHECKING **SAVINGS** Signature of Authorized Party ______ Date: _____ Signature of Authorized Party ______ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.

TO CANCEL, WRITE TO THE COMPANY AT THE COMPANY ADDRESS ABOVE.

PLEASE PRINT OR TYPE

PLEASE RETAIN A COPY FOR YOUR RECORDS