

**TANGIPAOHA PARISH GOVERNMENT SECTION 8**  
**AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS**  
**(ACH CREDITS)**

I (we) hereby authorize Tangipahoa Parish Government Section 8 Housing Agency to electronically credit my (our) account (and if necessary, to electronically debit my (our) account to correct erroneous credits) as follows: I understand that I must provide a voided check (to deposit into checking account) or a pre-printed savings account deposit slip (to deposit into a savings account) to the Housing Authority so that the proper account numbers can be verified and entered in order for the payment to be deposited into the correct account.

**Checking Account**     **Savings Account** at the depository financial institution named below. I (we) authorize and comply with all applicable law. (Only check one account)

Depository Name: \_\_\_\_\_

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

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

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Tangipahoa Parish Government Section 8 Agency in writing that I (we) wish to revoke this authorization. I (we) understand that the Tangipahoa Parish Government requires at least 30 business days prior notice in order to cancel this authorization. If I change or terminate my bank account without notifying the Housing Authority in writing, I understand that my payment may be delayed.

Name: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_