

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

P.O. Drawer 8746

JACKSON, MS 39284-8746

TELEPHONE (601) 373-7040

FAX 601-373-9292

TTY (601) 714-3970

AUTHORIZATION AGREEMENT OF DIRECT DEPOSIT

I (We), hereinafter called Landlord, do hereby authorize Mississippi Regional Housing Authority No. VI, hereinafter called MRHA No. VI, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any or edit entries in error to my (out) account indicated below at the financial institution named below, hereinafter called Depository, to credit and/or debits same to such account.

Depository Name:	Branch Name:
City:	State:
Transit/ABA number:	Checking:
Account Number:	Savings:

This Authority is to remain in full force and effect until MRHA VI and the Depository have received written notification from me (us) of its termination in such time and in such manner as to afford the MRHA VI and the Depository a reasonable opportunity to act on it.

I understand that MRHA VI may revoke this authorization by notifying me (us) in writing at any time:

PLEASE ATTACH A COPY OF A VALID DRIVERS' LICENSE TO THIS FORM IN ORDER FOR CHANGES TO BE MADE. NO EXCEPTIONS

Name: _____ Signature: _____

Tax ID or SS#: _____ Date: _____

Please attach a voided check to this area. All checks must have a name and address printed. (No starter/blank checks will be accepted)

Please include a copy of a valid drivers' license.

For Mississippi Regional Housing Authority VI use only

Input By: _____

Date: _____

Revised Feb. 2020