

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

COMPANY: Knoxville's Community Development Corporation Location: Knoxville, TN

I hereby authorize KCDC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account designated. By acceptance of the funds through direct deposit, the owner certifies that to the best of his/her knowledge the dwelling unit is in Decent, Safe, and Sanitary Condition; the contracting family is in the unit and is expected to be there the entire month; the deposited amount is in accordance with the provisions of the HAP Contract and is payable under the HAP Contract; and all other facts and data on which this amount is based are true and correct.

Any one submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001

Written notification of all changes must be submitted to KCDC at least twenty days prior to payment date.

NAME \_\_\_\_\_ (print) TAX ID NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

KCDC Use Only

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

Location \_\_\_\_\_ Type of Acct: Checking  Savings

\*Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

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

Location \_\_\_\_\_ Type of Acct: Checking  Savings

\*Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

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

Location \_\_\_\_\_ Type of Acct: Checking  Savings

\*Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

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

Location \_\_\_\_\_ Type of Acct: Checking  Savings

\*Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

\*Nine digit number that appears on the bottom of a check or a deposit slip. (Include a voided check or deposit slip with authorization.)