AUTHORIZATION FOR DIRECT PAYMENT

NAME: _____

TENANT ACCOUNT NUMBER: _____

Tlingit-Haida Regional Housing Authority
PO BOX 32237 PHONE: (907) 780-6868
JUNEAU, AK 99803 FAX:(866) 291-9019

I authorize Tlingit-Haida Regional Housing Authority, it's subsidiaries and affiliates ("Landlord") to initiate electronic debit entries to my: ◉ Checking Account or ○ Savings account for my monthly rent payment.

I authorize the payment to be debited from my account on the: ◉ 1st day or ○ 10th day of the month. Tlingit-Haida Regional Housing Authority is authorized to begin debiting my account starting with the _____, 2010 payment.
(month)

The Landlord shall not pay my rent payment if funds are not sufficient at the time of debit. I understand that a non-sufficient funds (NSF) fee may be charged, as allowed by applicable law, if the debit is denied or returned for any reason. If a debit is returned, I must promptly remit payment by personal check, certified check, or money order to include NSF and any late fee. I understand I will receive a notice from the Landlord if my rent charge changes. Only regular monthly rent will be deducted. This authorization will remain in effect until I have cancelled in writing. The landlord may cancel this agreement at any time by written notice. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of United States law.

Please allow approximately ten (10) business days for completion of the enrollment process.

Financial institution name: _____

Financial institution address: _____

Financial institution routing/transit number: _____

Account number for electronic debit: _____

Signature: _____ Date: _____

If you prefer email contact, please provide your email address: _____

If you are using a checking account, please attach a copy of your voided check here.
If you are using a savings account, please attach a copy of your deposit slip