

South Metro Housing Options  
**AUTHORIZATION AGREEMENT**  
**FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize South Metro Housing Options, hereinafter called SMHO, to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to our bank account indicated below.

APPLICATION (Payment type) \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER/EIN \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION  
TRANSIT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECKING

SAVINGS

**(Please attach a copy of a voided check)**

**(Please attach account certification letter from your bank)**

This agreement is to remain in full force and effect until SMHO has received written notification from the PAYEE of its termination in such time and manner to afford SMHO and FINANCIAL INSTITUTION a reasonable opportunity to act on it. It is the responsibility of the PAYEE to fill out a new agreement if the PAYEE changes banks or accounts.

Date \_\_\_\_\_ Phone no. \_\_\_\_\_

Authorized Signature \_\_\_\_\_