



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

### PROPERTY OWNER/AGENT INFORMATION/AUTHORIZATION

Please include a voided check or copy of a voided check

\_\_\_\_\_  
Owner's Name (Please Print)

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)  
Social Security Number of owner

\_\_\_\_\_  
Management Company/Agent's Name (Please Print)

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)  
Social Security Number (Management Company or Agent)

I authorize and request the Southern Nevada Regional Housing Authority to deposit my Housing Assistance Payments automatically to my account identified below each month. This authority will remain in effect until I have cancelled it in writing.

Purpose of Authorization (Check One)

\_\_\_\_\_ New Authorization  
\_\_\_\_\_ Changes to Authorization  
\_\_\_\_\_ Cancellation

#### Checking Account Information

OR

#### Savings Account Information

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Owner/Vendor Number

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Rental Unit Address

\_\_\_\_\_  
Rental Unit – City, State

\_\_\_\_\_  
Rental Unit – Zip Code

NOTE: If the 1st is on a weekend or holiday, the deposit will post the first business day of the month. Please contact the Southern Nevada Regional Housing Authority at (702) 922-6608 or Fax (702) 922-6620 for additional forms or questions.