



AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)
 Property Owner/Agent Information & Authorization

PLEASE INCLUDE A VOIDED CHECK

Owner Name (please print)

Management Agent Name (please print)

Owner Federal Identification Number (SSN, EIN, or ITIN)

Agent Federal Identification No. (SSN, EIN or ITIN)

Owner Phone Number

Agent Phone Number

****Account Information:** ___ Checking ___ Savings

****Property Rental Information:**

Name of Financial Institution

Tenant Name

Address

Rental Address

City, State, Zip Code

City, State, Zip Code

Bank Routing Number

<p><i>Purpose of Authorization (Select one)</i></p> <p><input type="checkbox"/> New Authorization</p> <p><input type="checkbox"/> Changes to Authorization</p> <p><input type="checkbox"/> Cancellation</p> <p><input type="checkbox"/> Change in Ownership</p> <p><input type="checkbox"/> Change in Management</p>
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Bank Account Number

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

NOTE: If the 1st is on a weekend, holiday, or other business closure day, the deposit will post the first business day of the month. Please contact SNRHA at (702) 477-3128 or fax (702) 922-6620 for additional forms or questions.

Payee Signature

Date Signed

Office Use Only: Tenant ID: _____ Owner ID: _____ Payee ID: _____
Notes: _____