



## DIRECT PAYMENT/ACH FORM

Benefits as a participant in direct payment include:

- \* Simplifies your life by taking the hassle out of paying your bills
- \* Saves you money with postage and check fees
- \* Reliable, accurate, on time and confidential
- \* Provides the record keeping you need

**\*\*DIRECT PAYMENT DATE IS THE 15TH OF THE MONTH\*\***

*To enroll in direct payment (ACH), please complete this form*

### AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH DEBITS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

I (we) hereby authorize **One Roof Community Housing**, hereinafter called COMPANY, to initiate debit entries and, if necessary, credit entries and adjustments for my debit entries in error to my (our):

Select one:

Checking account

Savings account

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/or credit the same to such account.

BANK NAME: \_\_\_\_\_

ROUTING/ABA#: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. A typed signature below constitutes a binding agreement.

NAME (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*IF USING A CHECKING ACCOUNT, PLEASE INCLUDE VOIDED CHECK\*\***

Please email the completed form to: [btapp@1roofhousing.org](mailto:btapp@1roofhousing.org) or mail to Brooke Tapp, One Roof Community Housing, 12 E. 4th St., Duluth, MN 55805