



Authorization Agreement for ACH Payments

Please type or clearly print all requested information and return the form to CMHA.

Please allow time for processing your enrollment. ACH Enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

Please do not send banking information. You will provide this information during online registration.

Landlord ID # (L) _____

Landlord's Name _____

Landlord's Address _____
 Street Address

City State Zip

Property Contact Name _____

Property Contact Phone number _____

Property Contact E-mail address _____

(An e-mail address is required for bank website enrollment)

Payment Type Preference **Bank Deposit** _____ **Prepaid Debit Card** _____

Authorization and Acknowledgement

1. I hereby authorize the Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).
2. I acknowledge that CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

 Authorized Signature Date

 Printed name Date