



Authorization Agreement for ACH Payments

Please complete all requested information clearly and return the form to CMHA, allowing time for processing of your enrollment. Note that ACH enrollment is subject to internal deadlines established for issuing bi-monthly or semi-monthly payments.

The email address provided is used for both online ACH access, as well as all property management related correspondence and notification.

Do not send banking information. This information will be requested during the online registration process.

Landlord # (L): _____ Landlord Name: _____

Landlord Address: _____

Property Contact Name: _____

Property Contact Email: _____ Property Contact Phone #: _____

Authorization and Acknowledgement to receive ACH Payments:

1. I hereby authorize 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.

Signature

Date

Printed Name