



DIRECT DEBIT AUTHORIZATION FORM

ACH Option for Payment

As an option to paying your monthly rent, **Marquette Housing Commission** is making available an ACH (Automated Clearing House) withdrawal of funds option where you allow your monthly rent to be paid to **Marquette Housing Commission** automatically.

Questions should be directed to **Marquette Housing Commission** offices. This ACH option for payment is initiated by completing the authorization form below.

**Marquette Housing Commission
316 Pine Street
Marquette, MI 49855**

I (we) hereby authorize **Marquette Housing Commission** to initiate debit entries to my checking or savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited/credited in error.

This authority will remain in effect until written notice is received by **Marquette Housing Commission** from an authorized representative to terminate this authorization.

(Name)

(Address)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

Checking Account Number: _____

-- OR --

Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols 1: :1 on the bottom left of your check) **(PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM)**

Your first rental payment of \$ _____ will be deducted on or about _____ and each subsequent month thereafter.

(Authorized Signature)

(Date)

(Authorized Signature)

(Date)