

Sandra Beston
Chairwomen
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Watervliet Housing Authority

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Charles V. Patricelli
Executive Director

Tracy Roberts, C.P.A.
Fee Accountant

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____ Company ID Number: _____

I (we) hereby authorize Watervliet Housing Authority, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

(Please Print)

Date: _____ Signature: _____

E-mail Address: _____

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Sincerely,

Charles V. Patricelli

Charles V. Patricelli
Executive Director