



## LEXINGTON HOUSING AUTHORITY

📍 1 JAMAICA DRIVE  
P.O. BOX 745  
✉ LEXINGTON, NC 27293  
☎ P: 336-249-8936  
F: 336-249-9353



### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the Lexington Housing Authority (LHA), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error.

This authority is to remain in full force and effect until LHA has received written notification from me of its termination in such time and in such manner as to afford LHA and depository a reasonable opportunity to act on it. It is the responsibility of the payee to fill out a new agreement if the changes banks or accounts.

#### PLEASE FILL OUT THE FOLLOWING COMPLETELY:

Name: \_\_\_\_\_ SSN/FED ID: \_\_\_\_\_  
(Please print name as it appears on account)

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Depository Name: \_\_\_\_\_  
(Enter the full name of your financial institution)

Branch City: \_\_\_\_\_ Branch State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please check one: [  ] Checking Account [  ] Savings Account

Transit/ABA/No: \_\_\_\_\_ Account No: \_\_\_\_\_

Email Address for Notification: \_\_\_\_\_

**IMPORTANT!!**

**(Please attach a voided copy of check and/or deposit slip here)**

