



Peninsula Housing Authority

*Serving Clallam and Jefferson
Counties*

2603 S. Francis Street, Port Angeles WA 98362
(360) 452-7631 • (360) 457-7001 Fax
Email: info@peninsulapha.org



Authorization Agreement For Direct Deposits (ACH Credits)

Name _____ Pre-Note Date _____
(Please print) (office use only)

I hereby authorize Peninsula Housing Authority to automatically deposit my monthly rental payment into my checking or savings account identified below and the FINANCIAL INSTITUTION named below to accept such deposits initiated by the Peninsula Housing Authority. In the event of an incorrect amount or entry, I authorize the Peninsula Housing Authority to reverse this transaction.

FINANCIAL INSTITUTION _____
(Your bank or savings and loan)

Please select one of the following:

_____ Checking Account Account Number _____

_____ Savings Account Account Number _____

This authorization is to remain in full force and effect until Peninsula Housing Authority has received written notification from me of its termination in such time and in such manner as to afford the Peninsula Housing Authority and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date _____ Signature (X) _____

Please attach voided check (for checking account) or deposit slip (for savings only) here. (Must be attached for proper bank routing identifiers).
Thank you!