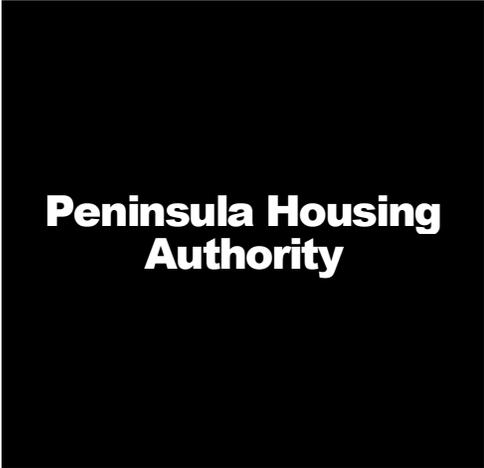




**Peninsula Housing Authority**

*Serving Clallam and Jefferson  
Counties*

727 E 8<sup>th</sup> Street, Port Angeles WA 98362  
(360) 452-7631 • (360) 457-7001 Fax  
Email: [rwilliams@peninsulapha.org](mailto:rwilliams@peninsulapha.org)



**Authorization Agreement For Direct Deposits (ACH Credits)**

Name \_\_\_\_\_ Pre-Note Date \_\_\_\_\_  
(Please print) (office use only)  
Address: \_\_\_\_\_

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!

\_\_\_\_\_