

DIRECT PAYMENT AUTHORIZATION

I (we) hereby authorize Vermont State Housing Authority, to initiate debit entries for monthly rent from my (our) account indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION, 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.

<u>FINANCIAL INSTITUTION</u>	<u>ROUTING NUMBER</u> (call your bank to confirm the routing number)
<u>CITY</u>	<u>STATE</u> <u>ZIP CODE</u>
<u>ACCOUNT NUMBER</u>	<input type="checkbox"/> = CHECKING <input type="checkbox"/> = SAVINGS
<u>START DATE</u>	

This authority is to remain in full force and effect until The Vermont State Housing Authority has received written notification of its termination in such time and in such manner as to afford The Vermont State Housing Authority and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

<u>Signature of Account Holder</u>	<u>Print Name</u>
<u>Social Security Number</u>	<u>Name of property and unit/lot number</u>
<u>Date</u>	

Please attach a voided check if checking account is selected.  
Mail Completed authorization form and sample "Voided Check" to:

Vermont State Housing Authority  
Direct Payment Division  
One Prospect Street  
Montpelier, VT 05602

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\*FOR COMPANY USE ONLY\*

Date received \_\_\_\_\_ Processed by \_\_\_\_\_

Follow up action required \_\_\_\_\_