



SAGINAW HOUSING COMMISSION AUTOMATIC RENT WITHDRAWAL ENROLLMENT/TERMINATION FORM

Rent is withdrawn on the 5th of each month or the next business day if the 5th falls on a weekend or holiday.

I hereby **authorize** the SAGINAW HOUSING COMMISSION to deduct my rental payment from my checking or savings account at the following financial institution listed.

I hereby **terminate** ACH withdrawal by the SAGINAW HOUSING COMMISSION from my checking or savings account at the following financial institution listed.

NAME (as shown on your rent statement): _____

SERVICE ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS (if different): _____

DAYTIME PHONE: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

_____ CHECKING ACCOUNT ACCOUNT # _____

_____ SAVINGS ACCOUNT ACCOUNT # _____

This authorization is to remain in full force and effect until the Saginaw Housing Commission has received written notification three business days prior to its termination as to afford both the Saginaw Housing Commission and financial institution a reasonable opportunity to act upon it.

The Saginaw Housing Commission reserves the right to terminate ACH automatic withdrawal upon notification by the financial institution listed above of insufficient funds (NSF) in your account.

NAME: _____ UNIT ACCOUNT #: _____

DATE: _____ SIGNATURE: _____