

Authorization Form Direct Debit of Account

Name:		
Last	First	Middle Initial
Primary Phone:	Secondary F	Phone:
Address:		
Please check an option below (selec	City only one):	y State Zip Code
_		ngs account. Please complete and sign is to debit and return to the address
	inancial institution. Please connt you wish to debit and retu	mplete and sign this form, attach a rn to the address below.
•	complete and sign this form, Irn to the address listed below	for the account you wish to remove w.
Select Account Type: Checking	☐ Saving	gs \square Money Market
Account Number	Routing (ABA	A) Number
•	* *	om of your check. To assure accuracy numbers, please contact your financia
Financial Institution:		
City:	State:	Zip Code:
Authorization Statement:		
I hereby authorize Lake Metropolita account electronically each month. authorization, or upon written notice.	This authority will remain in e	financial institution above to debit my effect until I have signed a new
Signature		Date
	this a joint account? Yes	□ No
If yes, signatu	res from all parties on the acco	ount are required.
Signature		 Date

The amount of rent due on your LMHA statement will be automatically debited from your banking account each month, unless written authorization is received canceling participation of direct debit. LMHA will notify you of any changes to your rent at least 30 days prior to the effective date.

Please be advised that if you choose to use a Savings or Money Market Account, your financial institution may limit the number of transactions. Fees may also be assessed or authorization declined. Please contact your financial institution for further information.

Please allow up to 30 days for your request to be processed. You are responsible for making payment until this direct debit service is established.

Please note that any charges on your invoice other than your regular monthly rent will not be debited from your account and you will be responsible for making payment to LMHA for any such charges in a timely manner.

In the event your direct debit is declined due to NSF, your account will be assessed a \$25.00 fee.

*LMHA does not accept payments at its administrative office. All payments must be mailed to:
P.O. Box 75682
Cleveland, OH 44101-4755

Cancellation:

You must notify LMHA in writing to cancel this service.

Please sign this form and return to the address listed below

Lake Metropolitan Housing Authority 189 First St. Painesville, OH 44077 440.354.3347 or Fax 440.354.5008

TDD/TTY: Dial 711 or 1.800.750.0750