

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: Habitat for Humanity of Pinellas & West Pasco Counties (herein referred to as "Company")
Company Address: 13355 49th Street North suite B, Clearwater, FL 33762

I _____, authorize Habitat for Humanity of Pinellas & West Pasco Counties to debit my bank account indicated below for my mortgage payment.

I understand the amount debited could change each year on Mar 1st due to the annual escrow analysis. Habitat will notify me in January of each year stating what this change will be, if any. This will be a recurring charge that will occur on the 5th day of each month.

I agree that ACH transactions at the financial institution below that I authorize comply with all applicable laws.

Checking/ Savings Account

 Checking

 Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State/Zip _____



Attach a voided check or bank deposit form for routing verification purposes.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and HOMEOWNER a reasonable opportunity to act on it.

Depositor Name: _____

Depositor Signature: _____

Date: _____

Depositor Phone Number: (required) _____

Depositor E-mail address: (optional) _____