

# ACH Recurring Payment Authorization Form

.....
BCHA Entry Initial & Date
BCHA Review Initial & Date

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your rent certification each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will be sent a notice of rent adjustment prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize **Berks County Housing Authority** to charge my bank account  
(full name)

indicated below on the **3<sup>rd</sup> business day** of each month for payment of my Rent.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

### Company

Name Berks County Housing Authority

### Company

ID Number=231869606

I (we) hereby authorize Berks County Housing Authority, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) D Checking D Savings account (select one) indicated below and the depository financial institution named below, hereinafter called BANK, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_  
(please print)

Date \_\_\_\_\_ Signed X \_\_\_\_\_ Signed X \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Berks County Housing Authority in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment and late fee of \$15 will be charged. BCHA will no longer accept checks or direct debit of rental payment after one rejection for Non Sufficient Funds (NSF). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

**\*Attach a voided check or letter from your financial institution\***