



ACH Authorization Form (Direct Deposit)

Application Key: _____

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household _____

Date _____

Banking Information

(Name of Financial Institution)

(Address of Financial Institution)

Checking Account Savings Account Name on account: _____

Financial Institution Routing Number: (9 Digits) _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to initiate entries to: _____’s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

(Authorized Signature)

(Date)