



**SPRINGFIELD  
HOUSING  
AUTHORITY**



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**Changing lives one key at a time**

## **Conventional Housing Direct Debit Agreement Form**

**Tenant Name:** \_\_\_\_\_  
**Tenant Email Address:** \_\_\_\_\_ **Tenant Number:** \_\_\_\_\_

*I hereby authorize Springfield Housing Authority to initiate automatic withdrawals from my account at the financial institution named below. I also authorize Springfield Housing Authority to make deposits to this account in the event that a debit entry is made in error.*

*Further, I agree not to hold Springfield Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.*

*This agreement will remain in effect until I submit a new withdrawal form to Springfield Housing Authority Finance Department or Springfield Housing Authority receive a written notice of cancellation from me or my financial institution.*

### **Account Information**

**Name of Financial Institution:** \_\_\_\_\_  
**Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  **Checking**  **Savings**

### **Signature**

**Authorized Signature (Primary):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Authorized Signature (Joint):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a VOIDED Check and return this form to the Accounts Receivable Ck.**