

**Compton Housing Authority
700 N. Bullis Road
Compton, Ca. 90221**

**OFFICE 310/605-3080
FAX 310/605-3096**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF HOUSING
AUTHORITY LANDLORD CHECKS**

Landlord Name: _____

Vendor #: _____

I (we) hereby authorize the City of Compton Local Housing Authority, hereinafter called COMPANY, to initiate credit entries to my (our) Checking/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name (Bank): _____

Routing Number: _____

Account Number: _____

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 DEPOSITORY a reasonable opportunity to act on it.

Name: _____

PLEASE PRINT

Signature: _____ Date: _____

UNIT ADDRESS: _____

Please attach VOIDED CHECK

Savings Account please check ()