



**Beloit Housing Authority**  
210 Portland Avenue  
Beloit, WI 53511  
Phone:(608) 364-8740  
Fax:(608)364-8742  
[www.ci.beloit.wi.us](http://www.ci.beloit.wi.us)

**Landlord:** Please read this form carefully! Be sure you know what this form is authorizing before signing the form. Please attach a voided check to this form for reference to verify accuracy of numbers.

## AUTHORIZATION AGREEMENT - FOR AUTOMATIC DEPOSITS(CREDITS)

Company Name:

**Beloit Housing Authority**

Company ID Number

**39-6005397**

I (we) hereby authorize BELOIT HOUSING AUTHORITY hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

BANK NAME

TRANSIT/ROUTING NUMBER

CITY, STATE, ZIP

ACCOUNT NUMBER

TYPE OF ACCOUNT (Select One) ☐ CHECKING ☐ SAVINGS

This authority 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.

**BUSINESS NAME (PLEASE PRINT)**

MAILING ADDRESS

PHONE NUMBER

NAME (PLEASE PRINT)

EIN/SS NUMBER USED TO REPORT INCOME

  
SIGNATURE

DATE

**PARTNER/SPOUSE NAME (PLEASE PRINT)**

  
SIGNATURE

DATE