



Direct Debit Authorization

Agreement

I hereby authorize **Winder Housing Authority** to initiate debit my account for monthly rent payments at the financial institution named below. This agreement will remain in effect until **Winder Housing Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to Winder Housing Authority.

Tenant Information

Tenant Name: _____

Address: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ____ Savings ____

Circle the date you would like to have your rent drafted from your account:

1st

3rd

5th

Signature

Authorized Signature: _____

Date: _____

Please attached a voided check (if available) and return this form to:

***Susan Newberry
Winder Housing Authority
PO Box 505, Winder, GA 30680 – By Mail
163 Martin Luther King Jr. Drive, Winder, GA 30680 – In Person***

Thank you!