



# ACH AUTHORIZATION FORM

## Targeting Program/Key Rental Assistance

Indicate the type of authorization being requested:

- New Payment Authorization Request
- Payment Authorization Change

Entity Name \_\_\_\_\_

Entity Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Type of Bank Account:

- Checking (Provide a voided check or bank letter than includes your routing/transit and bank account number)
- Savings (Provide a bank letter than includes your routing/transit and bank account number)

Bank Name \_\_\_\_\_

Transit/Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Finance Officer Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Please upload completed form and any required supporting documentation in RCRS (Rental Compliance Reporting System). Please contact Sandy Harris at (919) 877-5649 with questions.**

<b>NORTH CAROLINA HOUSING FINANCE AGENCY USE ONLY</b>		
I have contacted the vendor and confirmed the action being requested should be completed.		
NCHFA Associate Name (Print)	Signature	Date
_____	_____	_____