



Direct Deposit Authorization Form (ACH Credit)

To:

Ecumenical Partnership for Housing (henceforth the "Company")

PO Box 524

Green Bay, WI 54305

Effective ____/____/_____, I authorize the Company to credit my bank account. This Direct Deposit Authorization terminates any previous authorization received by the Company from me.

Bank Account Information

Bank Name: _____

Account Number: _____

Routing Number: _____

*a voided check may be attached

Customer Authorization

Full Name (Print): _____

Signature: _____

Customer Contact Information

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____