Community Development Commission of Mendocino County

1076 N. State St., Ukiah, CA 95482

707/463-5462
Fax: 707/463-4188
TDD: Ca. Relay 711

Authorization Agreement for Direct Deposits (ACH Credits)

I authorize the Community Development Commission of Mendocino County ("CDC") to initiate ACH Credit deposits ("Credit Entries") to my deposit account ("Account") at my Financial Institution named below. The authorization is for the deposit of recurring payments you owe me directly into my Account. IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY YOU, THE COMMUNITY DEVELOPMENT COMMISSION OF MENDOCINO COUNTY, IN WRITING. So long as this authorization has not been terminated or revoked, any Credit Entry originated by CDC under this authorization shall be conclusively presumed to be properly authorized for deposit to my Account.

I understand that if my Account is closed, my Financial Institution cannot accept any Credit Entry and the entry will be refused. If this occurs CDC will not be able to reprocess the Credit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Credit Entries to my Account upon receipt and without advice to me.

My Financial Institution Name: _____
    Street Address or Branch: _____
    City, State, Zip: _____

My Deposit Account Number: _____ DDA [ ] SAVINGS [ ]
    Names(s) on the Account:_____

Authorized Credit Entries: CDC is authorized to originate Credit Entries to my Account to pay recurring amounts you owe me on the 1st day and the 15th of the month (or business day following that day if that day is not a business day.) The amount of the recurring payments may vary. Please send all notices and advices to the address shown below my signature

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving the copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or the CDC's bank upon request.

Date: _____

_____
Signature

Tenant names & Property Address(es):

Mailing Address:

_____

_____

_____

_____

_____

LANDLORD #_____

**Please attach an additional page if more tenants & properties

PLEASE ATTACH A VOIDED CHECK (NO DEPOSIT TICKETS PLEASE)

Persons requiring a reasonable accommodation due to a disability may request such an accommodation at any time during this process.

EQUAL HOUSING OPPORTUNITY