KODIAK ISLAND HOUSING AUTHORITY
ACH TRANSFER FORM
ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

☐ Initial Authorization

☐ Change*

☐ Cancellation**

SOCIAL SECURITY NUMBER:
MORTGAGEE NAME:
BANK ACCOUNT NAME:
LOAN NUMBER:
AMOUNT: $
EFFECTIVE DATE:

PAYMENT DATE: (Circle One) 1st 5th

If your preferred date falls on a weekend or non-business day, the payment will be debited the next working day.

Financial Institution Name	CHECK ONLY ONE
Institution Transit Routing Number	[ ] SAVINGS-attach a deposit slip
Account Number	[ ] CHECKING - attach a voided check
Provide documentation of account number for account verification.	

I understand that thirty (30) days notice, in writing, is required to set up or change financial institutions, account numbers or type of account. If I want to increase/decrease the transfer amount, I understand that I must submit thirty (30) days notice, in writing.

I understand that changes to my mailing address should be submitted to KIHA to maintain account accuracy.

AUTHORIZATION: I (We) authorize Kodiak Island Housing Authority to transfer funds as described. I (We) agree to maintian sufficient balances to cover such transfers. This agreement shall remain in effect until revoked by me (us) or cancelled by Kodiak Island Housing Authority. I (We) acknowledge that automatic payments are governed by the rules of the Automated Clearing House Association.

SIGNATURE:	**DATE:**

SIGNATURE:	**DATE:**

** *Submit this completed form to the KIHA office for processing. Refer any questions to the Finance Officer.*

(Instructions on back)