



**IRVINE CAMPUS HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Please complete and sign this authorization form. Attach a voided check and return to Adele Boyles, 1083 California Avenue, Irvine CA 92617. Your designated Financial Institution must be capable of processing our automatic debit transaction. Please confirm this with your Financial Institution.

Customer Name: _____

Address: _____

Account #: _____

I (We) hereby authorize IRVINE CAMPUS HOUSING AUTHORITY, hereinafter called ICHA, to initiate debits to my account indicated below at the Financial Institution named below in the amount of my monthly ICHA bill.

Bank Name: _____

Bank Address: _____

Bank Account #: _____

This authorization is to remain in full force until ICHA has received written notification from me (or either of us) of its termination in such a manner as to afford ICHA and the Financial Institution reasonable opportunity to act upon it.

Signature(s) _____

Date: _____

Please continue to make your payments by check until you receive notification of the Direct Debit start date from our Accounting Department.