



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

Please complete and sign this authorization form. Attach a voided check and return to Denise Sparks, 1083 California Avenue, Irvine, CA 92617, or email the form and voided check to [ichaacctg@icha.uci.edu](mailto:ichaacctg@icha.uci.edu). Your designated Financial Institution must be capable of processing our automatic debit transaction. Please confirm this with your Financial Institution.

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

ICHA Account #: \_\_\_\_\_ (ICHA to supply)                      ACH Start Date: \_\_\_\_\_

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 rental 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: \_\_\_\_\_