

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

OWNER NAME	CONTRACT NUMBER
IVAINE	NUMBER (#RQ)
PRHFA, to initiate	PUERTO RICO HOUSING FINANCE AUTHORITY , hereinafter called credit entries and to initiate debit entries and adjustments for any credit or to my account specify below:
DEPOSITORY	
	BRANCH
CITY	STATE ZIP
* ROUTING NUMBER	ACCOUNT NO
ACCOUNT TYPE (ple	case select one): Checking Account Savings Account
notification from me the DEPOSITORY of	is to remain in full force and effect until PRHFA has received written e of its termination in such time and in such manner as to afford PRHFA and a reasonable opportunity to act on it. I also agree to notify PRHFA of any account information.
NAME	TITLE
(1	PLEASE PRINT)
DATE	SIGNATURE
	GNED MUST ALLOW A REASONABLE AMOUNT OF TIME FOR INITIATING OR TERMINATING IS RESPONSIBLE FOR NOTIFICATION OF ANY CHANGE IN FINANCIAL INSTITUTION

FOR CHECKING ACCOUNTS PLEASE INCLUDE A VOID CHECK

This information can be found on the bottom of your checks, just preceding your account number, if you are unsure about the routing number, please contact your financial institution representative.

