**Authorization Form for Direct Debit and Direct Deposit**

**HomeFront**

**Partners for a Better Billings**

**2415 1st Avenue North**

**Billings MT 59101**

**406-245-6391**

**Fax: 406-245-0387**

**Direct Debit via ACH is the transfer of funds from a consumer account for the purpose of making a payment.**

Name on Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **last 4 numbers of SSN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Property located at: \_\_\_\_ \_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Money Cards, Green Dot Cards and certain online bank cards are not able to be processed for this purpose.**

Financial Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This information is found on the bottom of your Check. Please do not take the information from your deposit slip.)

Type of Account: Checking\_\_\_\_\_\_ Savings\_\_\_\_\_\_\_

**Authorization**: I hereby authorize HomeFront and the financial institution above to make **direct debit from my account for the amount of rent owed, monthly.** This action will begin on the 5th of the month and may take between 3 to 5 business days for completion.

I hereby authorize **deposit** of any amounts from HomeFront to this account. This authority will remain in effect until I have requested this action to stop or give a new authorization.

**I understand that any change must be in writing to HomeFront before the first of the month in which I want the change to begin.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Beginning Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date form signed