

HAWAII PUBLIC HOUSING AUTHORITY

1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

ACH Payment Authorization Form

By signing this form, you give Hawaii Public Housing Authority (HPHA) permission to debit your account the total amount due as indicated on your monthly rent statement. This is permission for monthly transactions to be debited on the 7th business day of each month and does not provide authorization for any additional unrelated debits or credits to your account.

A completed authorization form must be submitted by the 1st to have your account debited by the 7th business day of that same month. If the 7th business day falls on a weekend, payment will be processed the next business day. Written cancellation of this agreement must be submitted to our office 10 business days before the next scheduled debit.

Please complete the information below:

I _____ authorize HPHA to charge my bank account indicated
(Tenant Name)
below the total amount due as indicated on my HPHA rent statement on or after the 7th business day of each month.

Name _____ Tenant ID: _____

Project ID: _____ Unit No: _____

Billing Address _____ Phone #: _____

City, State, Zip _____ Email _____

Name on Account: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing #: _____

Checking

Savings

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **HPHA** in writing of any changes in my account information or termination of this authorization at least 10 business days prior to the next statement date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **HPHA** may at its discretion attempt to process the charge again with 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

