

## Authorization Agreement for Pre-authorized Payments

**Please note:** For funds to be collected via ACH, this form must be received 10 days prior to your next loan payment date, so that authorization with the bank can be completed. Your first ACH payment will occur on the date indicated below.

**Owner Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Tax ID Number / Social Security Number:** \_\_\_\_\_

I hereby authorize Vermont Housing Finance Agency to initiate debit entries to my account in the amount of \$ \_\_\_\_\_ on a recurring monthly basis beginning 20

Said funds will be transferred from:

**Bank or Credit Union:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ABA Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Checking Account**

**Savings Account**

This authority is to remain in full force and effect until final and full payment of amounts due on the underlying loan(s) is received, or until Vermont Housing Finance Agency has received written notification from me of its termination in such time and in such manner as to afford Vermont Housing Finance Agency a reasonable opportunity to act on it.

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Accounting Contact:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please mail form to: VHFA  
P.O. Box 408  
Burlington, VT 05402-0408

For VHFA use only: VHFA # \_\_\_\_\_ Project # \_\_\_\_\_  
Maturity date \_\_\_\_\_ Issue Series \_\_\_\_\_