

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 _____