



Kathryn Kazol, Executive Director

SECURITY DEPOSIT DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize **EDEN, Inc.**, hereafter called COMPANY, to initiate debit entry for the return of security deposit for the following tenant in the specified amount:

Tenant Name: _____ Amount: _____

Unit Address: _____

I authorize Company to process the aforementioned debit from my bank account on file.

Or, I authorize the Company to process the aforementioned debit from the following bank account, as a one time transaction:

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ABA # _____ ACCOUNT # _____
(Routing number)

This authority is for a single, one time transaction and remains in effect only until the authorized transaction is processed. The Company will only accept one debit per page. If there are multiple debits to process, multiple authorization forms must be submitted.

Name: _____
(Please print name as it currently is on checks from EDEN)

SSN: -- or EIN: -

(Please use the same number you put on the W-9 on file with EDEN, Inc.)

Date: _____ Signed: _____

Date: _____ Signed: _____
(On a joint account both parties must sign)

Email address: _____

Rec'd at EDEN _____ Initials _____ Does # match? Y N

Vendor Code _____ Entered _____ Initials _____

A Housing Resource and Development Agency

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