



Emerald Development & Economic Network, Inc.
Irene Collins, Executive Director



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

COMPANY NAME EDEN, Inc.

I (we) hereby authorize EDEN, Inc., hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** or **Savings account** (select one) indicated below and the depository named below, hereafter called BANK, to credit and/or debit the same to such account.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ABA # _____ ACCOUNT # _____
(Routing number)

This authority is to remain in full force and effect until **EDEN, Inc.** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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: _____
(optional)

**IMPORTANT: PLEASE be sure to include a voided check with this form.
(We cannot process without this.)**

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

HOUSING RESOURCE & DEVELOPMENT AGENCY
7812 Madison Avenue, Cleveland, OH 44102 (216)961-9690 FAX (216)651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873



A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

