



Elaine Gimmel, 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 COMPANY 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 BANK a reasonable opportunity to act on it.

Name: \_\_\_\_\_
(Please print name as it currently is on checks from EDEN, Inc.)

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

