



Housing Authority of the County of Santa Barbara

www.hasbarco.org
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(805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833 Ext. 594

Recurring ACH Debit Authorization Form

ACTION
[] New [] Change [] Cancel

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time, eliminating late charges
- The rent is not debited from your account until the 4th, or the following work day if the 4th is on a weekend
- You may not see the funds coming out of your account until a day or 2 later depending on your bank. You must cancel or place hold by the 2nd business day of the payment month, no later, to stop current month's withdrawal.

Tenant Name _____ Tenant Code _____
Property _____ Unit _____

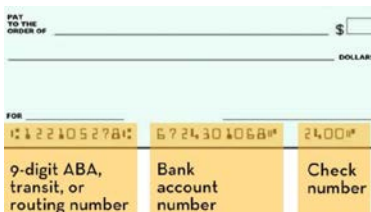
Authorization:

- I authorize Rabobank N.A./YARDI on behalf of the Housing Authority of the County of Santa Barbara, to initiate an ACH automatic electronic debit from my account for the amount of my monthly rent. This debit entry will have the effective date of the 4th of each month. In the event that this day falls on a non-business day, the effective date will be the following business day.
- If the original ACH debit should be returned by my bank for reason of insufficient funds, I hereby authorize Rabobank N.A./YARDI to re-initiate the ACH debit one time only. I understand that this authorization can be "revoked" by me through my bank and the Housing Authority of the County of Santa Barbara at any time with 10 days notification.
- I have provided the appropriate bank information by attaching a copy of a voided check. If a savings account is chosen, I have provided the correct account number.
- I agree to notify HACSB in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law with my bank; so long as the transactions correspond to the terms indicated in this authorization form.
- I understand that I will be charged a late fee of \$10 and an NSF fee of \$25 if your account does not have the funds.

Signature _____ Date _____

Please complete the information below:

[] Checking [] Savings Bank Name: _____
Routing Number: _____ Account Number: _____



ATTACH VOIDED CHECK

If a voided check is not available. Please have your bank fill out the account information and stamp the form.

Bank Stamp

