

Recurring Debit Authorization Form

Please choose one recurring debit type below (initial in space before):

_____ **Debit/Credit Card Information (MC/Visa/Amex/Discover):**

Name as it appears on Card: _____

Card Number: _____

Card Expiration: _____

Card Security Code (3 digit code on back): _____

_____ **Checking/Savings Account Information:**

Name of account holder: _____

Routing Number: _____

Account Number: _____

Please list address (Street or PO Box/City/State/ZIP) where you receive mail for the above selection:

Current Telephone Number: _____

Current Email Address (If Any): _____

Date(s) to process payment (1st, 2nd, etc., list all if more than one): _____

Debit Amount: \$ _____

Tenant Number: _____

It is understood that by signing below that I am authorizing Pike County Housing Authority to debit the debit card, credit card, checking account, or savings account for the amount indicated above on the date(s) indicated above.

It is understood that it is my responsibility to cancel this automatic withdrawal by notifying the Pike County Housing Authority, in writing, at the earliest possible date prior to the debit.

It is understood that it is my responsibility to update the Pike County Housing Authority with any new information as it becomes available. This information shall include, but is not limited to, card numbers, card expiration dates, account numbers, address information, phone numbers, email addresses, debit date(s), and debit amounts.

Pike County Housing Authority is not responsible for any fees that may be charged by the debit/credit provider or financial institutions for use of this service.

Pike County Housing Authority is not responsible for the misrepresentation of any information being collected through the use of this authorization form.

Pike County Housing Authority will be responsible for any fees that may be charged by the debit/credit card provider or financial institution for incorrect debit dates and amounts caused by incorrect data entry into the service.

Debit/Credit Card or Checking/Savings Account Holder Authorization:

Name: _____

Sign/Date: _____

Pike County Housing Authority:

Sign/Date: _____

