



AMEEN Housing Co-operative of California Inc.

Investing in the Community

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS) {Deposit into Ameen}

***Please attach copy of Driver's License and Voided Check with form**

Member's Full Name: _____
(First) (Middle) (Last)

Members - Ameen Housing ACCOUNT NUMBER _____ (all 8 digits)

I hereby authorize Ameen Housing Cooperative of California Inc, to initiate credits indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Entries to my (our) Checking / Savings account (select one)

Homeowner: Monthly Rent and Admin fee / Equity \$ _____

Investor Deposit Amount: \$ _____ One time only Monthly

Name of Your Bank (Full Name Please): _____

Bank Routing Number: _____ (Please Enter Full Number)
**Routing number should match the attached Voided Check*

Account No: _____ (Please Enter Full Number)
**Account number should match the attached Voided Check*

This authorization is to remain in full force and effect until Ameen Housing has received written notification from me (or either of us) of its termination in such manner as to afford Ameen Housing and DEPOSITORY a reasonable opportunity to act on it. ***Please affix a VOID CHECK and Copy of DL on page # 2**

NAME (S) _____ DL NUMBER _____
(Please Print)

DATE _____ SIGNED X _____ SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

2060 Walsh Avenue, Suite 101, Santa Clara, CA 95050 | Phone: 408.986.9786 | Fax: 408.986.9787 | support@ameenhousing.com

Please affix a VOID CHECK

Please affix your DL