



AMEEN Housing Co-operative of California Inc.

Investing in the Community

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

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: Each such debit shall be made on the first day of each month in the amount listed here

• Homeowner Monthly Rent, Equity and Admin fee • Homeowner Extra Equity \$ _____

Investor: Each such debit shall be made Weekly Twice a month Monthly Quarterly

• Investor \$ _____ One time only

Name of Your Bank (Full Name Please): _____

BRANCH _____ CITY _____

STATE _____ ZIP _____

YOUR BANK ROUTING NUMBER _____ (Please Enter Full Number)

ACCOUNT NO.: _____ (Please Enter Full Number)

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.

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Please affix a VOID CHECK

Please affix your DL