

## AMEEN Housing Co-operative of California Inc.

*Investing in the Community* 

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

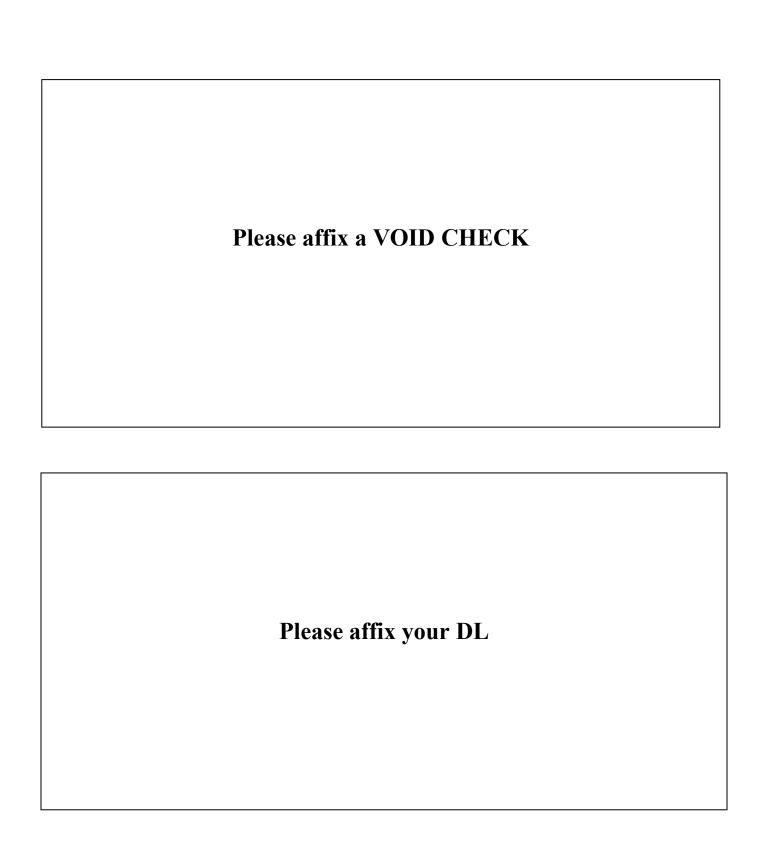
## \*Please attach copy of Driver's License and Voided Check with form

Member's F	'ull Name:		
	(First)	(Middle)	(Last)
Members - Ameen Housing ACCOUNT NUMBER			(all 8 digits)
depository f account. I (v	inancial institution named be	elow, hereafter called DEPOSIT	itiate credits indicated below at the ORY, and to debit the same to such my (our) account must comply with
Entries to m	y (our) Checking / Sa	avings account (select one)	
Homeowne	r: Monthly Rent and Admin	fee / Equity \$	
Investor De	posit Amount: \$	One time only [	Monthly
Name of Yo	ur Bank (Full Name Please):		
Bank Routin	g Number:*Routing number sho	(Please I	Enter Full Number)
Account No:	* Account number should	match the attached Voided Check	Enter Full Number)
from me (or	either of us) of its termination		ng has received written notification neen Housing and DEPOSITORY  Copy of DL on page # 2
NAME (S) _	(Please Print)	DL NU	MBER
DATE	SIGNED X	SIGNE	D 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

09182021 1/2



09182021 2/2