



Dear Resident(s),

The Falls City Housing Authority is pleased to inform you that your rent payment can now be paid automatically as an electronic payment directly from your bank account.

Please remember that your rent is due on the 1st of the month. With this direct deposit program, the day that the funds are the 5th of the month for rent and the 15th of the month for congregate services. Should the 5th or the 15th fall on a weekend or holiday, the funds will be withdrawn the next business day. You will need to have the amount of the rent in your account on the day that we post the charge to the bank account that you have provided to us.

If you wish to sign up for this service, please speak with our office staff or complete the below authorization form and bring into the property management office. We will also need a voided check so that we have the correct routing and account number information. If you do not have a voided check, your bank will be able to provide you in writing the correct bank information to attach to the authorization form. Please do not send a deposit slip, as it may not contain the correct information that we need.

Please know that the following policies will apply:

- Automatic payments are for rent amounts only. Other charges, such as security deposit payments, work order payments, utility payments, NSF's, and/or payback payments must be made separately by cash or check. (When your automatic payment is applied to your account it will be applied to the oldest charges first. If you have a balance on your account after automatic payment is applied, you must pay separately.
- If you have a NSF (insufficient funds) payment or dishonored payment, you will be removed from the automatic rent payment process. After six (6) months, you may request reinstatement in the automatic rent payment system.
- Your ACH payments will automatically be cancelled when you move from your current unit. If you move to another unit within East View or Pioneer Plaza, you will need to submit a new ACH Form.
- If you wish to cancel your ACH payments, a Request to Terminate Authorization Agreement form must be turned into the office prior to the 25th day of the month prior to termination. Forms received after the 25th will be processed in the following month.

Please do not hesitate to contact the office at (402) 245-4204 if you have any questions regarding this procedure. We look forward to your participation in this service.



**Authorization Agreement for Direct Rent Payment Authorization Agreement for Direct Rent Payment
(ACH Debits to Your Bank Account)**

I (We) authorize the Falls City Housing Authority to initiate entries to my (our) account described below to pay for rent as determined by my lease agreement and any future addendums associated with the lease agreement:

Checking Account No. _____
Financial Institution's Name _____
Financial Institution's Address _____

Attach below a voided check from a checking account in order to provide us with the routing number and account number (Please do not attach a deposit slip from a checking account.)

This authorization will remain in full force and effect until Falls City Housing Authority has received written notification from me (or either one of us) of its termination in a timely manner as to afford Falls City Housing Authority a reasonable opportunity to act on it or will cancel automatically when I move from my current unit. I understand that if I move to another unit on the property, I will be required to complete a new Authorization Agreement for Direct Rent Payment.

Signature _____	(Optional – For Joint Account)
Social Security # _____	Signature _____
Full Name _____	Social Security # _____
Address _____	Full Name _____
_____	Address _____

Please provide a current phone number and an email address if available. (If the phone number is not yours, please state the name of the person of the number we are calling.) Financial information will only be discussed with the signers of this document. If another individual is authorized to discuss this information a separate release will need to be signed and included with this form.

Telephone No. _____	Telephone No. _____
Email _____	Email _____
Date _____	Date _____

Deliver completed form to the property office at Pioneer Plaza or East View Apartments or mail completed form to:

Falls City Housing Authority
800 East 21st Street
Falls City, NE 68355



**Request to Terminate Authorization Agreement for
Direct Rent Payment Agreement for Direct Rent Payment
(Cancel ACH Debits to Your Bank ACH Debits to Your Bank Account)**

I (We) authorize the Falls City Housing Authority to terminate entries to my (our) account described below to pay for rent as determined by my lease agreement and any addendums associated with the lease agreement:

Checking Account No. _____
Financial Institution's Name _____
Financial Institution's Address _____

Signature _____	(Optional – For Joint Account)
Full Name _____	Signature _____
Address _____	FullName _____
_____	Address _____

Please provide a current phone number or a number at which you can be contacted. (If the phone number is not yours, please state the name of the person of the number we are calling.) Financial information will only be discussed with the signers of this document. If another individual is authorized to discuss this information a separate release will need to be signed and included with this form.

Telephone No. _____	Telephone No. _____
Date _____	Date _____

Deliver completed form to the property office at Pioneer Plaza or East View Apartments or mail completed form to:

Falls City Housing Authority
800 East 21st Street
Falls City, NE 68355

Forms must be received before the 25th day of the month before the month of termination for ACH cancellation to be effective for the following month's rent payment.