

**SOUTH METRO HOUSING OPTIONS
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM**

Instructions:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account
2. Fill in all required information below
3. Attach a voided check for verification purposes
4. Be sure to sign the form and return to 5808 S. Rapp Street Suite 100, Littleton, CO 80120

I authorize South Metro Housing Options to initiate electronic debit entries to my:

_____ Checking Account or _____ Savings Account

For payment of rent.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled it in writing.

Name: _____ Date: _____
(Please Print)

Address: _____
(Street Address & Apt. Number if Applicable)

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Transit (Routing) #: _____

Financial Institution Account # _____

Signature: _____

PLEASE ATTACH VOIDED CHECK