





## SECTION 8 DEPARTMENT

75h EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010 PH: 305-887-9844- FAX: 305-887-8329 TTY: 1.800.955.8771 • SPANISH: 1.877.955.8773 • FRENCH/CR: 1.877.955.8707

## **CORPORATE/CONSUMER CREDIT AUTHORIZATION FORM**

I (we) hereby authorize HIALEAH HOUSNG AUTHORITY, herein called COMPANY, to initiate credit entries to the financial institution named below, hereafter called DEPOSITORY. This authority is to remain in full force and effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Company Name (Print) or Individual name/Nombre de individuo Nombre de la Compaiifa	Tax Identification Number/ or Social Security#
	E-Mail Address
Financial Institution Name Nombre de la Instituci6n Bancaria	
Financial Institution Address Direcci6n de la Instituci6n Bancaria	
Date CHECK ONE:	Signature
ADD - Deposit payment to the account shown.  CHANGE - Change financial institutions and/or account number.  CANCEL - Stop my participation in the payment program.	
IMPORTANT: CHECK TYPE OF ACCOUNT: [] CHE	CKING, [ ] SAVINGS
TAPE YOUR VOIDED CHECK HERE	