



ACH AUTHORIZATION FORM

Targeting Program/Key Rental Assistance

Indicate the type of authorization being requested:

- New Payment Authorization Request
- Payment Authorization Change

Entity Name _____

Entity Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Telephone Number _____

Email Address _____

Type of Bank Account:

- Checking (Provide a voided check or bank letter that includes your routing and bank account number)
- Savings (Provide a bank letter that includes your routing and bank account number)

Bank Name _____

Transit/Routing Number: _____ Bank Account Number: _____

Finance Officer Signature _____

Printed Name _____ Title _____

Telephone Number _____ Date _____

Please upload completed form and any required supporting documentation in RCRS (Rental Compliance Reporting System). Please contact Sandy Harris at (919) 877-5649 with questions.

NORTH CAROLINA HOUSING FINANCE AGENCY USE ONLY		
I have contacted the vendor and confirmed the action being requested should be completed.		
NCHFA Associate Name (Print)	Signature	Date
_____	_____	_____
Callback Contact	Callback Phone Number	Callback Time
_____	_____	_____