## ACH Debit Authorization Agreement For Direct Payment for HFI Deposit



Debit - Other Financial Institution Credit - Iowa Savings Bank Complete this form if you want us to debit your account at another institution. (You must be an account-holder on the account being debited.) Please also include a voided check if a checking account, or deposit slip if a savings account. ☐ New Authorization ☐ Change Authorization (☐ Bank ☐ Amount) ☐ Cancel Authorization for \$\_\_ **Debit Instructions** Please debit my account at the Financial Institution listed below for my HFI deposit: AMOUNT TO DEBIT- check one FINANCIAL INSTITUTION NAME \$10,800 \$9.800 ROUTING NUMBER ACCOUNT NUMBER □ Checking □ Savings BUYER'S NAME OR BUSINESS NAME ACH DATE (MM/DD/YY) TBD-date will be confirmed by HFI FREQUENCY OF DEBIT Note: This is a one-time ACH transaction for the HFI deposit and funds must be available immediately as the ACH payment for the deposit will occur once HFI has received all completed order documents. HFI will notify buyer of date and the transaction will happen within 24 hours of that date. Credit Instructions (Completed by Homes For Iowa) Please credit Homes For Iowa, Inc. account number Authorization Please be sure to include a voided check or a copy of a voided check with this form for a checking account or a deposit slip for a savings account to avoid and errors with account information. You hereby authorize and request Homes For Iowa, Inc. to debit funds from your account at the Financial Institution indicated, and credit the funds according to the above instructions. Funds need to be on deposit at the designated Financial Institution on the evening prior to the effective date of the ACH debit. In the event of an error, you authorize Homes For Iowa, Inc. to take any and all action required to correct the error. This authorization will be executed upon receipt of purchase agreement documents by Homes For Iowa, Inc., and will remain in effect until Homes For lowa Inc. receives written notification from you of its termination in such time, and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it. By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payment for HFI deposit is complete, true, and submitted for the purpose selected above. EMAIL PRINT NAME OF PERSON AUTHORIZING DEBIT (MUST BE ON ACCOUNT FUNDS ARE BEING DEBITED FROM) DAYTIME PHONE SIGNATURE OF PERSON AUTHORIZING DEBIT DATE