DIRECT DEPOSIT AUTOMATIC RENT PAYMENTS (DDARP)
AUTHORIZATION TO DEBIT ACCOUNT

This voluntary agreement entered into on _____, 20_____, by and between _____, Client No. _____ ("Tenant") who resides at _____, _____, Ohio, _____ (zip code) and the Cuyahoga Metropolitan Housing Authority (CMHA) authorizing the automatic deduction of tenant expenses, and any additional charges, if applicable, from tenant's checking or savings account and shall consist of the following terms:

RECITALS

WHEREAS, Tenant and CMHA desire to have CMHA debit said account monthly to pay tenant's rent and any additional charges, if applicable:

THEREFORE, in consideration of the mutual provisions contained herein, CMHA and Tenant hereby agree to the following terms:

1) Tenant hereby authorizes CMHA to deduct from tenant's ( ) savings ( ) checking Account no. _____, Routing no._____ at the _____ branch of _____ in the City of _____, State of Ohio, an amount totaling one month's rent, and any additional charges, if applicable , plus any amount due and owing pursuant to any repayment agreement each month;

2) Tenant further authorizes CMHA to deduct additional appropriate fees incurred by tenant, including but not limited to, utility, non-sufficient funds fees and maintenance charges;

3) Tenant's rent, and any additional charges, if applicable, shall be due on the first day of each month. CMHA shall debit tenant's ( ) savings ( ) checking account on or about the _____ of each month for which rent and other charges are due. All funds in excess of CMHA monthly charges are available to tenant;

4) CMHA shall not institute eviction proceedings for non-payment of rent, and any additional charges, if applicable, against tenant so long as tenant remains on direct deposit, continues direct debit and has sufficient funds available. If these conditions are not met, CMHA may evict tenant for non-payment of rent. Also, an account with non-sufficient funds will be subject to NSF fees charged by the tenant's financial institution and CMHA;

5) Tenant understands that CMHA authorization will be in effect until he or she notifies **CMHA** and their financial institution in writing that he or she no longer desire this service, allowing them reasonable time to act on their notification. Tenant also understands that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to their account;

6) There shall be no charge to the tenant for this service, other than the normal monthly service charge(s) assessed by the resident's financial institution for their account;

7) Automatic deduction of rent, and any additional charges, if applicable, will commence the first authorized date following the receipt of this authorization by the DDARP representative of the Tenant Accounts

Receivable department. Tenant shall be responsible to continue payment of rent, and any additional charges, if applicable, during the interim;

8) Tenant has the right to stop payment of a debit entry by notifying **CMHA** and their financial institution at least 5 business days before the account is charged. (The debit entry is transmitted the business day before the effective date.) If an erroneous debit entry is charged against their account, the Tenant has the right to have the amount of the entry credited to their account by his or her financial institution, if, within fifteen (15) calendar days following the date on which Tenant was sent a statement of account or written notice of such entry or 45 days after posting, whichever occurs first, tenant gives his or her financial institution and CMHA written notice identifying the entry, stating that it is an error and requesting credit back to their account;

9) Written notifications required herein shall be made to the following persons:

CMHA CONTACT
Jacqueline Stang, Financial Services
8120 Kinsman Ave., 3rd Floor
Cleveland, OH 44104
Phone: 216-271-2829

BANK CONTACT
_____
_____
_____
_____

IN WITNESS WHEREOF, CMHA and Tenant have executed this Agreement as of the date first above written.

AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

_____
Date

_____
Tenant's Name (print)

_____
Tenant's Contact Phone Number

_____
CMHA representative (print)

_____
Signature of CMHA representative

_____
Tenant's Client ID Number

_____
Tenant's Signature

_____
Title

_____
Date of CMHA Representative's Signature

CMHA Property Management Office Only:

☐ **New**   ☐ **Change**

Select Changes (if applicable):

☐ Bank Name   ☐ Account No   ☐ Debit Date   ☐ Other Change: _____

Effective Month: _____

Rent:	$ _____.00	
Other Charges: _____	$ _____.00	
Other Charges: _____	$ _____.00	
Total Amount Debited:	$ _____.00	

DDARP BATCH DAYS
1ST, 3RD, 4th, 5th, 7th, 10th

Soc Sec. 2nd Wed DDARP - 15th

Soc Sec. 3rd Wed DDARP - 21st or 22nd