



## Housing Choice Voucher Program

### Authorization Agreement for ACH Payments

Please type or clearly print all requested information and return the form to CGI.

Please allow time for processing your enrollment. ACH Enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

Please do not send banking information. You will provide this information during online registration.

Landlord ID # (L) \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip

Property Contact Name \_\_\_\_\_

Property Contact \_\_\_\_\_

Phone number \_\_\_\_\_

Property Contact \_\_\_\_\_

E-mail address \_\_\_\_\_

(An e-mail address is required for bank website enrollment)

Payment Type

CGI Federal Inc.

Email Address:

cmha.hcv@housing.systems

107 S. High St, 2<sup>nd</sup> FL

Main Number

833.378.2220

Columbus, OH 43215

TTY: 800.750.0750

FAX: 877.424.1825



## Housing Choice Voucher Program

Preference Bank Deposit:

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Prepaid Debit Card:

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### Authorization and Acknowledgement

1. I hereby authorize the Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).

2. I acknowledge that CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

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Authorized Signature

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Date

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Printed name

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Date

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