



**NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.**

5700 Broadway Avenue, Cleveland, Ohio 44127 ■ 216.458.HOME (4663) ■ FAX 216.458.4672 ■ [www.nhscleveland.org](http://www.nhscleveland.org) ■ [info@nhscleveland.org](mailto:info@nhscleveland.org)

Dear NHSGC Customer:

If you are interested in our ACH Electronic Payment Program please fill out and return the following information so we can begin to process your payments here at NHSGC.

**Fill out and Return this portion to NHSGC, 5700 Broadway, Cleveland, OH 44127**

Name: Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Name of Bank or Credit Union: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am authorizing my bank account to be debited according to the following schedule:

- \_\_\_\_\_ Monthly, on the 15<sup>th</sup> of each month, for the amount of \$ \_\_\_\_\_ ; \_\_\_\_\_  
Initial

-- OR --

- \_\_\_\_\_, on \_\_\_\_\_, for the amount of \$ \_\_\_\_\_ ; \_\_\_\_\_  
Frequency Date(s) Per Payment Initial

My first payment will be electronically drawn from my account on: \_\_\_\_\_

I hereby authorize NHS of Greater Cleveland to initiate debit entries to my Checking account at the depository financial institution named above, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

This authorization is to remain in full force and effect until NHS of Greater Cleveland has received written notification from me of its termination in such time and in such manner as to afford NHS of Greater Cleveland and the financial institution named above a reasonable opportunity to act on it.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date