



**CITY OF DUBUQUE** (563) 589-4230  
**AUTHORIZATION AGREEMENT FOR ACH TRANSFER**  
**SECTION 8 ASSISTED HOUSING PROGRAM**  
**350 West 6th Street Suite 312, Dubuque IA 52001**

Please type or print the following information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I authorize the City of Dubuque to initiate a credit entry to the depository financial institution listed below.

Financial Institution	Transit/ABA# Must be 9 digits	Account Number	Type of Account Checking/Savings

**Instructions:**

**Financial Institution:**

The name of the bank, credit union, or other institution where your checking or savings account is located.

**Transit/ABA Number:**

This is the 9 digit number on the bottom, left side of your check or deposit slip.

**Account Number:**

This is the next group of numbers, to the right of the ABA number on a check.

**Type of Account**

Note if the account type is Checking or Savings.

***Please attach a voided check for checking accounts or a deposit slip for savings accounts.***

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This authority is to remain in effect until the City of Dubuque has received a replacement Authorization Agreement notifying of the appropriate changes or termination of your Housing Assistance Payments (HAP) direct deposit.

*To Terminate, check this box:*

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Signature

Date