

**TENNESSEE HOUSING DEVELOPMENT AGENCY  
HHF – BLIGHT ELIMINATION PROGRAM  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

This form authorizes Tennessee Housing Development Agency to initiate credit entries to my accounts indicated below and depository name below for credit to the same account. To sign up for EFT, TYPE OR PRINT the information requested in sections below. Then sign, date and return it to Tennessee Housing Development Agency. **Changes to accounts must be reported to THDA 15 days prior to actual change.** Payee must keep THDA informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

Program Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

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<b>ALL funds will be sent via ACH directly to the accounts listed below</b>
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***BEP Draw funds will be deposited here:***

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

**Escrow Account - Greening Maintenance Funds will be deposited here:**

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name and Title

\_\_\_\_\_  
Typed/Printed Name and Title