

## E-Payment Authorization Form

COMPANY / CONTACT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME ON BANK ACCOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCT:      Checking              Savings

### AUTHORIZATION

I authorize Union Station Homeless Services to deposit funds to the bank account indicated above for rental payments owed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
825 E. Orange Grove Blvd. Pasadena, CA 91104 or email it to [ACH@unionstationhs.org](mailto:ACH@unionstationhs.org)