

HOUSING AUTHORITY OF BILLINGS

AUTHORIZATION FORM FOR REMOVING THE DIRECT DEBIT OPTION

I hereby authorize The Housing Authority of Billings to REMOVE the monthly Direct Debit Option from my account. Please check one of the following:

- I will continue to pay rent and other charges with a money order or check (if authorized).
- I will no longer be a client of the Housing Authority of Billings.

Signature _____

Date _____

Printed Name _____

You may mail, fax or e-mail this completed form to:

Housing Authority of Billings

Fax: 406-245-0387

2415 1st Ave. North

Email: christinek@billingsha.org

Billings, MT 59101

Attn: Christine K.