

DIRECT DEPOSIT AUTHORIZATION FORM

Owner / Agent: _____

Address: _____

City, St. Zip: _____

Phone Number: _____

AUTHORIZATION:

I hereby authorize St. Clair County Housing Authority to initiate credit entries for Housing Assistance Payments to my account with the financial institution I have listed. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the savings or debit account.

I understand direct deposit will continue until St. Clair County Housing Authority terminates it for any reason or until St. Clair County Housing Authority receives written notice of termination from me in such a time and manner as to afford St. Clair County Housing Authority a reasonable opportunity to act on such request.

Signature of Owner / agent

Date

Bank Name: _____

Bank Routing # _____

Bank Account #: _____

Checking Account Savings Account Debit Account

Attach Voided Check or Account Documentation here.