

DIRECT DEPOSIT AUTHORIZATION

Part 1: Transaction Type

☐

New

☐

Change

☐

Cancel

Part 2: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number)			Work Phone Number
Name			Home Phone Number
Street Address	City	State	Zip Code
Email Address			

Part 3: Banking Institution Information *(Please check box for which account for Direct Deposit)*

Bank Name/Branch		Phone Number
Checking Account ()	Routing Number:	Account Number:
Savings Account ()	Routing Number:	Acct. Number:

Part 3: Authorization

I hereby request and authorize Little River County Housing Authority to deposit payments by electronic funds transfer into the account specified above and if necessary, debit entries and adjustment for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authority Signature	Print Name	Date
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(Please submit a voided check with routing & account numbers on it)

