

Housing Authority of Florence Authorization Agreement for Automatic Deposit

Use this form to add, change or cancel direct deposit. All changes must be submitted in writing to the Housing Authority of Florence no later than the 15th of the month before the desired month in which the direct deposit is to be processed. All funds should be credited on the first business day of the month. **Please check the appropriate box.**

STEP 1

I hereby authorized the Housing Authority of Florence to initiate credit entries and if necessary adjustments for any credit entries in error to my account.

Add Direct Deposit Change Direct Deposit Information Cancel Direct Deposit

STEP 2

Checking Savings

STEP 3

Please attach a **VOIDED** check from your checking account. This will be used to verify routing and account numbers. Deposit slips are not acceptable.

ROUTING #: _____ **ACCT#** _____

STEP 4

NAME OF BANK: _____

STEP 5

Corporation (Legally Incorporated) Individual

STEP 6

READ AND SIGN:

I understand that any funds paid through direct deposit should be credited to my account on the first working day of the month. _____

Your Name _____ Date _____

Signature _____ Email Address _____

If a Landlord, Please include the Tenant's Name (list at least one tenant) _____

Phone Number: _____