

DIRECT DEPOSIT AUTHORIZATION



PLEASE COMPLETE THIS FORM AND RETURN TO:

Knox Metropolitan Housing Authority
 201A West High Street
 Mount Vernon, OH 43050
 Ph: 740-397-8787 Fax: 740-397-8226
 www.knoxmha.org Email: kmha@knoxmha.org

Preferred Method of Contact:

Email: _____

Fax: _____

PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

PART 2: Payee Identification

1. Owner Tax ID <i>(Social Security Number or Employer Identification Number)</i>		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Street Address	6. City	7. State	8. ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the _____ to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments 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.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Financial Institution *(Contact your financial institution for this information, if necessary.)*

12. Financial Institution Name		13. City	14. State	15. ZIP Code
16. Routing Transit Number	17. Customer Account Number		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
19. Representative Name <i>(Please print)</i>		20. Title		
21. Representative Signature				