# DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to:

adminassistant@iha1.org PHONE: (816) 836-9200 x346 FAX (816) 988-2540 Elisa Fabela INDEPENDENCE HOUSING AUTHORITY 4215 S. Hocker Dr., Bldg. 5 INDEPENDENCE, MISSOURI 64055

#### PART 1: Transaction Type

New setup

## PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Cancellation (Leave Part 4 blank)

Change financial institution

Change account number

Change account type

### **PART 2: Payee Identification**

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

### PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Independence Housing Authority to deposit payments by electronic funds transfer into the account specified below. Any overpayments will either be requested back in a check payment from the landlord or IHA could deduct the overage from your total HAP payment the next month. 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.

Authorized Signature	Printed signature	Date

### PART 4: Financial Institution (Must be completed by Payee, Owner, or Manager.)

Financial Institution Name	City		State	Zip
Routing transit number	Customer Account Number		Type of Account (please circle <u>one</u> )	
<u> </u>	<u>       </u>	<u>                 </u>	Checking	Savings
Representative Name (please print)		Title		Date
RepresentativeSignature				
Revised: 4/19/2021(MB)				