DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to:

Elisa Dorkin INDEPENDENCE HOUSING AUTHORITY 4215 S. Hocker Dr., Bldg. 5 INDEPENDENCE, MISSOURI 64055 adminassistant@iha1.org

PHONE: (816) 836-9200 ext. 346 FAX: (816) 988-2540

PART 1: Transaction Type

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

New setup

Change financial institution
Change account number

Cancellation (Leave Part 4 blank)

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

(Must be completed by Payee, Owner, or Manager.)

PART 4: Financial Institution

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
Representative Signature				
Revised: 2/05/2021(MB)				