

# DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to:

[atillman@iha1.org](mailto:atillman@iha1.org)  
 PHONE: (816) 836-9200 x313  
 FAX (816)833-2377

Andrea Tillman  
 INDEPENDENCE HOUSING AUTHORITY  
 4215 S. Hocker Dr., Bldg. 5  
 INDEPENDENCE, MISSOURI 64055

## PART 1: Transaction Type

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

|  |   |
|--|---|
| <input type="checkbox"/> New setup<br><input type="checkbox"/> Cancellation (Leave Part 4 blank) | <input type="checkbox"/> Change financial institution<br><input type="checkbox"/> Change account number<br><input type="checkbox"/> 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<br><br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Customer Account Number<br><br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Type of Account (please circle one)<br><br>Checking      Savings |      |
| Representative Name (please print)                             | Title   |  | Date |
| Representative Signature                                       |   |  |      |
| Revised: 4/19/2021(MB)   |   |  |      |