

AUTHORIZATION FOR DIRECT DEPOSIT

COMPANY NAME: Fort Walton Beach Housing Authority

COMPANY ID: 59-1258530

I/We authorize the COMPANY (named above) to initiate credit entries, and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below) for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY (Bank) NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ☐ See attached voided check/draft or deposit slip

ACCOUNT NUMBER: _____ ☐ Checking ☐ Savings

☐ NEW AUTHORIZATION

☐ CHANGE IN PREVIOUS

☐ TERMINATION

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(s)[print or type]: _____

APARTMENT NAME(s)[print or type]: _____

Tax Identification Number or SSN: _____

Signature

Date

Signature

Date

MUST ATTACH VOIDED CHECK/DRAFT OR DEPOSIT SLIP