# DIRECT DEPOSIT AUTHORIZATION

Please complete and return to:

**Longmont Housing Authority**
**1228 Main Street**
**Longmont, CO 80501**

## PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Part 1: Transaction Type

| | |
|---|---|
| □ New Setup | □ Change Financial Institution |
| □ Cancellation (leave Part 4 blank) | □ 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 |
| Address | City | State | ZIP Code |

Part 3. Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Longmont Housing Authority 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 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 Name | Date |

Part 4. Financial Institution (Must be completed by Payee, Owner or Manager)

| | | | |
|---|---|---|---|
| Financial Instution Name | City | State | ZIP Code |
| Routing Number | Customer Account Number | | |
| Representative Name (Please Print) | | Type of Account □ Checking □ Savings | |
| Representative Signature | | Title | |