

## 5 2 5 S O U T H L A W R E N C E S T R E E T M O N T G O M E R Y, A L A B A M A 3 6 1 0 4 – 4 6 1 1 PHONE: (334)-206-7200 – FAX: (334)-206-7204 – WEBSITE: M H A T O D A Y.O R G

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

SSN:	TAX ID #:		
VENDOR/PAYEE NAME:			
VENDOR ADDRESS:			
CITY:	STATE:	ZIP:	
VENDOR CONTACT NAME:		PHONE #: (	)
FAX #: ( )	EMAIL ADDRESS:		
PAYMENT NOTIFICATION: You must choose all applicable options listed below:  Agent Landlord  Changing any portion of this form from the original submission New Housing Choice Voucher Landlord			
Please attach a voided check for each account here.			
Please check one of the following  Start depositing the monthly  Change the account informat  NAME OF FINANCIAL INSTIT	g: housing assistance payment(s) to ion for my direct deposit, as indic TUTION:	•	
BRANCH LOCATION (Street, C			
	TINGS CHECKING	t in delay of processing your reques	t.)
I (We) hereby authorize the Montgor credit entries in error to my (our): (S the best of my (our) knowledge the d expected to be there the entire month	nery Housing Authority to initiate creelect one) Checking or Savin welling unit is in decent, safe and sar (s); the deposited amount is in according the HAP contract; all other facts and	dit and, if necessary, debit entries and gs account indicated above. By signin itary condition; the contracting family ance with the provisions of the Housir data on which this amount is based an	adjustments for any g below, I attest that to is in the unit and is g Assistance Payment
LANDLORD SIGNATURE: _		DATE:	
AUTHORIZED SIGNATURE FOR EF DATE EFT MADE ACTIVE:DATE E-MAIL TESTED:		SE ONLY********  APPLICATION RECEIVE DATE  EXPIRATION DATE: (FOR ST  DATE BANK INFO TESTED:	OPS ONLY):