



OWNER DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Property Owner	Tax ID or SS No:
Address:	
City/State:	Zip Code:
Email: (Required)	Phone No:

Payee Name	Tax ID or SS No:
Address:	
City/State:	Zip Code:
Email: (Required)	Phone No:

Bank Name:	City/State:
Bank Routing No:	
Check Account No:	

Check box/boxes that applies

BEGIN DIRECT DEPOSIT

I hereby authorize, Homestead Housing Authority (HHA), to deposit any amounts owed me by initializing credit entries to my designated account at the financial institution indicated above. Further, I authorize the Bank to accept and to credit any deposits provided by the HHA to my account. In the event the HHA erroneously deposits extra funds to my account, I further authorize the HHA to debit my account for the amount necessary to correct the error. This authorization is to remain in effect until the HHA and the Bank have received a written cancellation notice from me and have a reasonable opportunity to act on it.

CANCEL DIRECT DEPOSIT (Check this box only if updating bank account)

I hereby authorize Homestead Housing Authority to cancel direct deposit the current account on file as of ___/___/_____ and to start depositing in my new bank account ending on XX-_____.

Initials: _____

Owner Signature: _____

Date: _____

- Attach an ORIGINAL VOIDED Check to this form
- All Files are required