**Transaction Type**

Add*Please check this box to add banking information. If this unit is new to the HCV program. If checked, completed information below.* ***Voided/Canceled Check Required to be submitted with Direct Deposit form.***

Update *Please check this box if this unit has previously been part of the HCV Program and you would like to update your banking information for all units recorded under this Federal Tax ID. If checked, complete information below.* ***Voided/Canceled Check Required to be submitted with Direct Deposit form.***

No Change *Please check this box only if unit has previously been part of the HCV Program and there are no banking updates.* ***Last Four Number of Checking/Savings Account No. Required:***

**Tax ID** *(Social Security Number or Employer Identification Number)*:

Name:

Work Number: Home/Cell Number:

Email:

Address: City: State: Zip:

**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 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 maybe 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.

Authorization Signature Printed Name Date

**Financial Institution (Must be completed by Payee, Owner, or Manager)**

Financial Institution Name:

City: State: Zip:

Type of Account: Checking Saving

Routing Number: Customer Account Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Representative Name (Please Print) Representative Signature Title