

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account _____ SSN or TIN _____

In Care of, or Doing Business As (If Applicable)

Financial Institution _____

Account Number _____ Routing Number _____

Type of Account: Checking Savings

**PLEASE STAPLE YOUR VOIDED CHECK HERE
NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED**

Authorization:

I hereby authorize the Taylor Housing Authority and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Signature

Date

Printed Name

Telephone Number

Email Address (MANDATORY)

You may mail or email this completed form and voided check to:

Taylor Housing Authority 311C East 7 th . St. Taylor, TX 76574 Attn: Ernest S Carrizales	Fax: 512-365-5464 Email: ecarrizales@taylorha.org
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