

DIRECT DEPOSIT INFORMATION

Please return to (740)653-7600 (fax) by the 20th of the month for new landlords or any changes to take effect for the next month

Questions? Call Tabitha at 740-653-6618 ext. 225

PART 1: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number): _____

Owner Name: _____ Phone Number: _____

Owner Mailing Address: _____

Owner E-Mail Address: _____

PART 2: Financial Institution (contact your financial institution for this information if necessary)

PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP

Financial Institution Name: _____

Financial Institution Address: _____

Routing Transit Number: _____ - _____ - _____ Type of Account: Checking Savings

Customer Account Number: _____

Account Holder's Name (please print): _____

Account Holder's Signature: _____

PART 3: Authorization

I hereby authorize the Fairfield Metropolitan 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 form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice of a change of account, or account holder, is received and as long as payments are issued to me by the Fairfield Metropolitan Housing Authority.

Owner Signature

Printed Name

Date