DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

HOUSING AUTHORITY OF THE COUNTY OF MERCED; ATTN: LORI GONZALES; 405 U ST; MERCED, CA 95341

PART 1: Transaction Type

- ☐ New Setup
- ☐ Cancellation (Leave Part 4 Blank)
- ☐ Change Financial Institution
- ☐ Change Account Number
- ☐ Change Account Type

PART 2: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number)	Work Phone Number	Home Phone Number

Name	**E-mail Address *(Required for Direct Deposit)***

Street Address	City	State	Zip

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize The Housing Authority of the County of Merced 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 authorization 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 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.

Authorized Signature	Printed Name	Date

PART 4:Financial Institution*(Contact your financial for this information, if necessary.)* Attach A Voided Check

Financial Institution Name	City	State	Zip

Routing Transit Number	Customer Account Number	Type Of Account
[__]__]__]__]-[__]__]__]__]-[__]	[__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]	☐ Checking ☐ Savings

Representative Name *(Please Print)*	Title

Representative Signature	Date