DIRECT DEPOSIT AUTHORIZATION FORM

Company Name Erie County Housing Authority Company Tax ID # 25-1655604

I authorize Erie County Housing Authority, hereinafter called COMPANY, to initiate credit entries to my **( ) Checking ( ) Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions credited in error.

Depository
Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing/Transit Number _____ Account No. _____

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer
Name _____ SSN _____
PLEASE PRINT
Customer
Signature _____ Date _____

OPTIONAL:
Depository Bank Verification: _____ Date: _____
SIGNATURE OF BANK REPRESENTATIVE

NOTE:IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.

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