

**Housing Authority Of the City of Austin
Direct Deposit Authorization Form**

Vendor Information

Business Name or Owner Name:								
Tax ID Number:						Vendor Number:		
Address:								
City:				State:			Zip:	
Contact Name:					Phone Number:			

Bank Information

Bank Name:									
* Bank Routing (ABA) Number (9 digit number):									
Bank Account Number:									

Please attach (1) one of the following for verification

Check One: (1) one

<input type="checkbox"/> Voided Check	<input type="checkbox"/> Checking
<input type="checkbox"/> Voided Deposit Slip	<input type="checkbox"/> Savings
<input type="checkbox"/> Specification form from bank	

Authorization

I, _____, as an authorized signer or _____

Do hereby authorize the Housing Authority of the City of Austin, to deposit payments by direct deposit (ACH) directly into above specified bank account.

X

Authorized Signature	Title	Date

HACA Staff Signature	Title	Date

Mail or Fax to:
 Housing Authority of the City of Austin
 Housing Choice Voucher Program – Victoria Pérez
 1124 South IH35, Austin, TX 78704
 P.O. Box 6159, Austin, TX 78762
 (512) 477-1314 ext. 1352

*** IMPORTANT: Please contact your bank to obtain the correct routing number.
 The number at the bottom of your check is not the correct routing number.**