

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.

Authorized Signature	Title
HACA Staff Signature	Title

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