

## Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704 (512) 477-1314 · Fax (512) 494-0686

## **Direct Deposit Authorization Form**

OFFICE USE ONLY: Vendor#:

**Received on:** 

The Housing Authority of the City of Austin (HACA) will utilize direct deposit to ensure payments are received on a timely manner. **NOTE:** The direct deposit may take up to 60 days to be activated.

Please fill out the form completely and attach a "voided" check OR letter from the bank with the account holder(s) name, account number, routing number, and type of account.

Please check one of the following:		New Vendor	□ Account U	J <b>pdate</b>		isting Owner		
HAP Payments should be made to:								
Business or Owner Name	e:							
Tax ID/Social Security #:	:							
Payment Address:								
City, State, Zip Code:								
Contact Name/Title:								
Telephone Number:								
Email Address:								
Payment Group:								
Bank Information								
Bank Name:								
Account Type:		Checking:		Savings:				
Routing (ABA) Number:								
Account Number:								

I,

\_\_\_\_\_, as an authorized signer or \_\_\_\_

do declare that I am authorizing the Housing Authority of the City of Austin (HACA), to deposit my Housing Assistance Payments (HAP) by direct deposit (ACH) directly into the above specified bank account and initiate; if necessary, debit entries in case of a system error.

Provide Owner Signatures of all persons on Title. Title held under the name of a business entity requires the signature of the General Partner, LLC Manager Trustee(s) to two Corporate Officers or Bank (Authorized Agent).

Vendor (Owner) Signature:	Date:
Vendor (Owner) Signature:	_ Date:
HACA Staff Signature:	Date:

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