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

Vendor Information													
Business Name or Owner Name:													
Tax ID Number:				Vendor Number:									
Address:							1			1			
City:						State:			Zip	:			
Contact Name:		Phone Number:											
	Bank Information												
Bank Name	e:		1	1							-		
*Bank Routing (ABA) Number (9 digit number):													
Bank Account Number:													
Please attach (1) one of the following for verification						Check One: (1) one							
Voided Check					Checking								
Specification from Bank					Savings								
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 S	ignatur	e		Title							Date		
	•												
х													
	ACA Staff Signature Title										Date		
Mail or Fax to: Housing Authority of the City of Austin													
Housing Choice Voucher Program 1124 South IH35, Austin, TX 78704													
P.O. Box 41119, Austin, TX 78704													
(512) 477-1314 ext. 1352 * IMPORTANT: Please contact your bank to obtain the correct routing number													
	* IMPORTANT: Please contact your bank to obtain the correct routing number. The number at the bottom of your check may not be the correct routing number.												
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