

Housing Authority of Gloucester County

Direct Deposit Authorization

PRINT LEGIBLY

Action:

New Agreement

Change Account

Cancel Agreement

This Form must be filled out completely and legibly in order to process. Please attach a voided check.

Authorization Date: _____

Vendor

LandLord

Complete Name of

Account Owner: _____

(as shown on bank account)

Bank Name: _____

Branch: _____

Manager/Number

(If available): _____

City: _____

State: _____

Zip: _____

Please see the diagram below for help on completing the next input entries.

**BANK ROUTING/
TRANSIT NUMBER:**

--	--	--	--	--	--	--	--	--

Checking

Savings

THE BANK ROUTING / TRANSIT NUMBER IS 9 DIGITS

**YOUR BANK
ACCOUNT NUMBER:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Signature is required. Please allow several weeks to process.

I hereby authorize the Housing Authority of Gloucester County to direct-deposit payments into my account as detailed above. I acknowledge that the Housing Authority is not responsible for any false information provided above or any damage derived from it. I also acknowledge that this order shall remain in force until I have given written notice to terminate this agreement.

Signed: _____

Date: _____

PLEASE ATTACH YOUR VOIDED CHECK HERE.

