



West Palm Beach Housing Authority

Direct Deposit Authorization

Complete and sign this form and return with the required documentation to: **West Palm Beach Housing Authority, ATTN: Director of Housing Choice Program; tgonzalez@wpbha.org**

Landlord Information

Name of Owner/Payee on file with WPBHA: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SS or Tax ID No. _____ Tenant's Name _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

(Please verify this information with your bank)

Account Number: _____

Checking

Savings

Please provide one of the following:

Voided Check (Starter Checks are not acceptable)

Voided Deposit Slip (for Savings Accounts only). *Do not use a deposit slip to provide your routing number. Please obtain the correct routing number from your financial institution.*

A letter from a financial institution containing the account information, printed name, title and signature of the financial institution representative with contact information.

Authorization Agreement

I hereby authorize **the West Palm Beach Housing Authority (WPBHA)** to initiate automatic deposits to my account at the financial institution named above. In the event that a credit entry from the WPBHA must be reversed in accordance with Federal Statute, the WPBHA is hereby authorized to reverse and/or withdraw the WPBHA credit from the Landlord's account. WPBHA will notify landlord prior to any reversal/withdrawal from the account. This agreement will remain in effect until **the WPBHA** receives a written notice of cancellation. I hereby affirm to the accuracy of all the information stated on this form.

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____