

ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize Arlington Housing Authority to initiate deposits and/or corrections to the previous deposits to my account at the bank named below. This authorization will remain in effect for the duration of my Housing Assistance Payment (HAP) contract with the Arlington Housing Authority. If I change or terminate my bank account without notifying the Housing Authority in writing, I understand that my HAP payment may be delayed.

I understand that I must provide a <u>voided check</u> (to deposit into a **checking account**) or a <u>pre-printed</u> <u>savings account deposit slip</u> (to deposit into a **savings account**) to the Arlington Housing Authority so that the proper account numbers can be verified and entered in order for the HAP payment to be deposited into the correct account.

Print Name	Date				-
Property Address (not owner address)					
Tax ID Number (SSN or EIN)			Phone		-
Landlord Signature				-	
Please complete either of	check or savings accou	unt sectior	n. Do not comple	ete both.	
Checking Account	New Enrollment		Update Exi	sting Info	
Transit/ABA Routing Nur	mber				
Checking Account Numb	er				
Bank Name *Attach copy of voided check	k. DO NOT send a deposit	slip; depos	City, State it slips will not be	processed.	
Savings Account	New Enrollment		Update Exi	sting Info	
Transit / ABA Routing Nu	umber				
Savings Account Numbe	er				
Bank Name *Attach a savings account de	eposit slip.		City, State		
Please return completed	form with attachments	s to:			
Arlington Housin Attn: Landlord So 501 W. Sanford Arlington, TX 760	ervices St., Suite 20	- or -	Fax: 8′	17-962-1250	