## AUTHORIZATION FOR AUTOMATIC DEPOSIT

I hereby authorize Walla Walla Housing Authority to initiate credit entries to my:

Checking Account - ATTACH voided CHECK (DO NOT use deposit slip)

- OR -

Savings Account – ATTACH voiced DEPOSIT SLIP (include routing and account numbers)

<i>Legal</i> Owner/Landlord Name:	<i>Legal</i> Owner/Landlord Social Security / Tax Identification Number:
Company Name on account <i>(if applicable)</i> :	Name(s) Listed on Bank Account:
Owner/Landlord Complete Address:	Owner/Landlord Telephone:
Financial Institution Name:	Telephone Number of Financial Institute:

Transit Routing Number								_	Account Number																

We do not provide a monthly payment print out; to receive a monthly statement via email, please

supply your email address:\_

This authorization is to remain in full force and effect until Walla Walla Housing Authority has received written notification from me of its termination in such time and in such manners as to afford Walla Walla Housing Authority and the Depository a reasonable opportunity to act on it.

Owner/Landlord Signature

Date

**F** 

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574 Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org