



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. _____ Head of Household _____

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. I also authorize the WPBHA to make withdrawals from this account in the event that a credit entry is made in error. 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: _____