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Direct Deposit Authorization Form

Part 1: Transaction Type

New Change Cancel

Part 2: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number)			Work Phone Number
Name			Home Phone Number
Street Address	City	State	Zip Code
Email Address			

Part 3: Authorization

I hereby request and authorize the Harris County Housing Authority to deposit payment by electronic funds transfer into the account specified below and, if necessary debit entries and adjustment for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or termination Direct Deposit and is responsible for notification of any change in financial institution information.

Authority Signature	Print Name	Date

Submit a voided check or other financial institution documentation with account and routing number with this form.

