

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to:

erikb@hacls.org
 PHONE: (816) 524-1100
 FAX (816) 524-1878

Erik Berg
 LEE'S SUMMIT HOUSING AUTHORITY
 111 SE GRAND AVENUE
 LEE'S SUMMIT, MISSOURI 64063

PART 1: Transaction Type

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

<input type="checkbox"/> New setup <input type="checkbox"/> Cancellation (Leave Part 4 blank)	<input type="checkbox"/> Change financial institution <input type="checkbox"/> Change account number <input type="checkbox"/> Change account type
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PART 2: Payee Identification

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

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Lee's Summit Housing Authority to deposit payments by electronic funds transfer into the account specified below. **Any overpayment will either be requested back in a check payment from the landlord or LSHA could deduct the overage from your total HAP payment the next month.** 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 terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed signature	Date
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PART 4: Financial Institution

(Must be completed by Payee, Owner, or Manager.)

Financial Institution Name	City	State	Zip
Routing transit number 	Customer Account Number 	Type of Account (please circle <u>one</u>) Checking Savings	
Representative Name (please print)	Title		Date
Representative Signature			
Revised: 1/11/23			