# **DIRECT DEPOSIT AUTHORIZATION**

PLEASE COMPLETE THIS FORM AND RETURN TO: Housing Authority of the City of Pittsburg

916 Cumberland Street Pittsburg, CA 94565

P	Α	R	Т	1	:	Tra	ns	ac	tio	n	Ty	ре
---	---	---	---	---	---	-----	----	----	-----	---	----	----

□ New setup		□Change account type					
□Cancellation (Leave Part 4 blank)		□Change financial institution					
	□Change accou	nt number					
PART 2: Payee Identification		☐ I would like to	receive corres	spondence	via e-mail.		
Tax ID (Social Security Number or Employer Identification Number)		Work Phone Number	Hom	Home Phone Number			
Name		Email Address					
Address	City			State	ZIP Code		
DADT 2. Authorization for Cotum Chang		a allation	<u> </u>				
PART 3: Authorization for Setup, Chang	es, or Can	cellation					
account specified below and, if necessary, debit recognize that, if I fail to provide complete and accelerate delayed or that my payments may be erroneously to this authorization will remain in effect until write amount of time for initiating or terminating Distinstitution information.	curate informa ransferred ele tten notice to	ation on this authorization ctronically.  terminate is given. The control of the	on form, the produce of the produce	cessing of t	he form may be		
Authorized Signature	Printed Na	Printed Name			Date		
		itutian fau thia infaunatio	:				
PART 4: Financial Institution ((Contact your Financial Institution Name	financial inst	itution for this information	on, if necessary)	State	ZIP Code		
```		itution for this information	on, if necessary)	State	ZIP Code		
Financial Institution Name		itution for this information	on, if necessary)	State  Type of According to the state of the			
Financial Institution Name	City	itution for this information	nn, if necessary)	Type of Acco			
Financial Institution Name  Routing Transit Number Customer A	City	itution for this information	n, if necessary)	Type of Acco	ount er Checking		
Financial Institution Name  Routing Transit Number Customer A	City	1 1 1 1 1 1	n, if necessary)	i Type of According Consume	ount er Checking		

CD HAPPY Software, Inc. Page 1

# DIRECT DEPOSIT AUTHORIZATION

#### INSTRUCTIONS

### **PART 1: Transaction Type**

Check the appropriate box(es).

**NOTE:** The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** Select if payee is not currently on direct deposit.
  - The payee or financial institution representative must complete Part 4.
- CANCELLATION Select if payee wishes to stop direct deposit.
  - Do not complete Part 4.

#### CHANGE FINANCIAL INSTITUTION

- The payee or financial institution representative must complete Part 4.

#### CHANGE ACCOUNT NUMBER

- The payee or financial institution representative must complete Part 4.

#### CHANGE ACCOUNT TYPE

- The payee or financial institution representative must complete Part 4.

# **PART 2: Payee Identification**

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

# PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

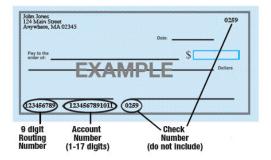
**NOTE:** No alterations to the text in this section will be allowed.

#### **PART 4: Financial Institution**

This section must be completed by the payee or a financial institution representative.

# Please attach a voided check for bank account to which funds should be deposited

**NOTE:** Alterations to routing and/or account number must be initialed by the payee.



@ HAPPY Software, Inc. Page 2