## Ogden Housing Authority Owner's Request for Direct Deposit of Rental Payments

1100 Grant Ave, Ogden, UT 84404 FAX: (801) 627-6012 travisj@xmission.com

Please complete this form if you wish to have your Housing Assistance Payment directly deposited into your bank account. **Only persons authorized on the account may complete this form.** The agency may only deposit in to one specific account and will provide no mailed acknowledgement of the payment or the amount per tenant, etc.

OWNER'S NAME							
ADDRESS:							
CITY		STATE		ZIP:			
PHONE:		EMAIL:					
Please list all	Γenants:						
FINANCIAL INSTITUTION							
NAME							
ADDRESS:							
CITY		STA	ATE		ZIP:		
Please check the type of account: Checking Account $\square$ Savings Account $\square$							
ROUTING NUMBER		ACCOU NUME					
I hereby authorize the Housing Authority of the City of Ogden (the Authority) and its agents, including financial institutions to initiate electronic credit entries to my checking and/or savings account(s) listed above. I understand that I will not receive a written confirmation of this transaction from the Authority but may review payments through an online system. The Authority will make every effort to make payment on the 1 <sup>st</sup> day of the month; however, when the first falls on a weekend or holiday the payment may arrive the next banking day.							
	s and acknowledge that <u>I <mark>may only</mark></u>						<u>e</u>
This agreement will remain in effect until I have informed the Authority in writing that I wish to cancel direct deposit and the Authority has had reasonable time to effect such cancellation.							
☐ This is a d	correction/change to a prior bank	c account	t.				
Signature of F	Person with Authority over the Ba	ank Acco	 unt			Date	· · · · · · · · · · · · · · · · · · ·