Direct Deposit Agreement Form

Please print all information clearly and as it is listed on your Bank Account

Last name or Business Name	First Name	Social Security Number or EIN #
Address	Telephone #	Email

Type of Action (Check One)		
☐ **Start Direct Deposit**	☐ **Change Bank and/or account #**	

Bank Routing Number	Bank Name	Account #	Type of Account
			☐**Checking** ☐ **Savings**

Please read these important notes and sign below:

1. Important: Once direct deposit has started, you will need to notify the Housing Authority, in writing if you plan to close or move your bank account. 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.
2. All payments will be deposited to the account listed above. The Housing Authority does not have the ability to split monthly payment between direct deposit accounts and/or paper checks.
3. Register for the landlord portal and access detailed payment information on the Housing Authority's website at www.woonsockethousing.org
4. We suggest you keep a copy of this completed form for your records.

I hereby request and authorize Woonsocket Housing Authority to deposit payments by electronic funds transfer into the account specified above and, if necessary, debit entries and adjustments 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.

Authorized Signature: _____ Date:_____

Important: A VOIDED CHECK OR A LETTER FROM THE BANK WITH YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER ON IT MUST BE ATTACHED TO THIS FORM.