

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO: Finance Department

Housing Authority of the City of Stamford  
 Section 8 Department  
 22 Clinton Avenue  
 Stamford, CT 06904

**PART 1: Transaction Type**

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation (Leave Part 4 Blank)	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

**PART 2: Payee/Landlord Identification**

1. Tax ID (Social Security Number or Employer Identification Number)		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Address	6. City	7. State	8. Zip Code

**PART 3: Authorization for Setup, Changes or Cancellations**

I hereby request and authorize the Stamford Housing Authority to deposit payments by electronic funds transfer into the account specified below 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 from, 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.

9. Authorized Signature	10. Printed Name	11. Date
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**PART 4: Financial Institution (Must be completed by Payee, Owner or Manager)**

12. Financial Institution Name		13. City	14. State	15. Zip Code
16. Routing Transit Number _____ - _____ - ____	17. Customer Account Number _____ - _____ - _____		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
19. Representative Name (Please Print)			20. Title	
21. Representative Signature				