

OKLAHOMA CITY HOUSING AUTHORITY

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Or fax to: (405) 605-3270

OKLAHOMA CITY HOUSING AUTHORITY
ATTN: LEASED HOUSING - DIRECT DEPOSIT
1800 N.E. 4TH STREET
OKLAHOMA CITY, OKLAHOMA 73117

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 Identification

Tax ID (Social Security Number or EIN)	Owner Number		
Name	Phone Number		
Address	City	State	Zip

PART 3: Authorization for Setup, Changes or Cancellation

I authorize the Oklahoma City Housing Authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. 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 payment 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 initiation or termination of Direct Deposit and is responsible for notification of any change in financial institution information. I understand the very earliest I can expect my checking or savings account(s) to be credited will be on or about the fifth (5th) day of each month.

Authorized Signature	Printed Name	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	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Printed Name	Title		
Authorized Signature	Date		

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INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box

- ✓ NEW SETUP - Select if payee is not currently on direct deposit.
(All Parts must be completed)
- ✓ CANCELLATION - Select if payee wishes to stop direct deposit.
(Do Not complete Part 4)
- ✓ ANY CHANGE TO ACCOUNT - Must complete all Parts.

PART 2: Payee Identification

Complete all boxes, if you do not know your owner number leave it blank.

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 Payee, Owner or Manager.

NOTE: Alterations to routing and/or account numbers must be initialed.

PLEASE NOTE: IF YOU HAVE AN **OWNER OR AGENT CHANGE**, DO NOT COMPLETE THIS FORM UNTIL AFTER YOU HAVE CONTACTED THE OKLAHOMA CITY HOUSING AUTHORITY AT bwiley@ochanet.org or (405)605-3238.

**PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP
(MUST BE PERMANENT CHECK , NO TEMPORARY CHECKS)**