

**Authorization Agreement for
Automatic Deposit (ACH Credits)**

Landlord/Owner Name: _____

Contact Phone Number: _____

Name of Client/Tenant: _____

I (we) hereby authorize the Housing Authority of Salt Lake City, hereinafter called HASLC, to initiate credit entries for the account indicated below and the depository named below, hereinafter called DEPOSITORY.

****Please send us a voided check for the account you want your direct deposit to go into. Return this completed form and the voided check to the address below. If you are unable to send a voided check, please have your bank send a statement verifying the account # and routing # to accompany form. If this is not included with the form we are not responsible for error in deposit you will need to work with your bank directly.****

Depository/Bank name: _____

Branch/Bank address: _____

Routing/Transit ABA No: _____
(Please check with your bank if you are uncertain of this #)

Account No: _____

_____ Checking _____ Savings (Select One)

This authority is to remain in full force and effect until the termination of the Housing Assistance Payment Contract entered into by HASLC and the above-named company/individual; or until HASLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HASLC and DEPOSITORY a reasonable opportunity to act on it.

Name: _____
(Please print)

Signed: _____ Signed: _____
(On a joint account both parties must sign)

Date: _____ Date: _____

**Housing Authority of Salt Lake City
Attention: _____
1776 S West Temple, Salt Lake City, UT 84115-1816
(801) 487-2161
FAX (801) 487-3641**