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**Macon
Housing
Authority**

MAKING HOUSING AFFORDABLE

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Direct Deposit Agreement Form For The HCV Program

Authorization Agreement

I hereby authorize the Macon Housing Authority to initiate automatic deposits to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Further, I authorize the Macon Housing Authority and the financial institution below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit error to my account.

This authorization will remain in effect until the Macon Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Macon Housing Authority Housing Choice Voucher Program Department. Please submit all forms to financeforms1@maconhousing.com.

Payee Information

Owner Tax ID (SS# or Employer Identification Number) _____

Name _____

Address _____

Phone Number _____ Email _____

Transaction Type

New Setup Cancellation Change in Account Information

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

PLEASE ATTACH A VOIDED CHECK OR BANK LETTER

EQUAL OPPORTUNITY IN HOUSING, EMPLOYMENT, PROCUREMENT AND SERVICES