

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account _____ SSN or TIN _____

In Care of, or Doing Business As (if applicable:)

Financial Institution _____

Account Number _____ Routing Number _____

Type of Account: Checking Savings

Please staple a voided check to this area

If you wish to continue using the same name and Taxpayer Identification Number (TIN) or Social Security Number (SSN) already on file – please complete and return this Direct Deposit Authorization Form with the same TIN or SSN as the W-9 already on file.

If you wish to use a new landlord name, Taxpayer Identification Number (TIN) or Social Security Number (SSN) Social Security Number – also complete and return a new W-9 showing the firm name and SSN or TIN as you showed on this Direct Deposit Authorization Form.

Authorization

I hereby authorize Topeka Housing Authority and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Signature

Date

Printed Name

You may mail, fax or email this completed form and voided check to

Attn: Annette Richardson Topeka Housing Authority 2010 SE California Ave Topeka KS 66607	Fax 785 357-2648 Email arichardson@tha.gov
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