

# Lakeland Housing Authority Landlord Direct Deposit Authorization

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Lakeland Housing Authority, hereinafter called LHA, to directly deposit my Housing Assistance Payment (HAP) in the bank account listed below. Also, to initiate credit entries to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one) indicated below, hereinafter called DEPOSITORY, to credit the same to such account. LHA will not debit monies from your depository for any repayments that you may owe LHA. However, in the event of an erroneous overpayment we will debit your depository to the extent of such overpayment. Such debit would not exceed your normal monthly deposit. No debit adjustment will be made without landlord approval.

This authorization is to remain in force until LHA has received written authorization from me of its termination or change in such time and in such manner as to afford LHA and Depository a reasonable opportunity to act on it. Monthly direct deposit ACH statements will be emailed to the email address below.

**Landlord/Vendor Information:**

NAME: \_\_\_\_\_ VENDOR NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 TELEPHONE NO: \_\_\_\_\_  
 LANDLORD/VENDOR SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**Banking Information:**

FINANCIAL INSTITUTION: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 TELEPHONE NO: ( ) \_\_\_\_\_  
 PERSONAL ACCOUNT NUMBER: \_\_\_\_\_  
 BANK ROUTING NUMBER: \_\_\_\_\_

<b>FOR LHA USE ONLY:</b>	Stamp Date Received: _____
Date entered in Yard: _____	Initial Authorization <input type="checkbox"/>
By (LHA Housing Professional): _____	Change in Authorization <input type="checkbox"/>
Vendor No: _____	Updated: 06/01/2010

\*\*\*\*\* ATTACH A VOIDED CHECK\*\*\*\*\*

Name	0430
Address	
City, State Zip	
Pay to the order of _____	
_____ dollars	
Bank Information	
For _____	
Bank routing number:000account number: 0430	