

Direct Deposit Authorization Form

Please complete and return this form to:

Schenectady Municipal Housing Authority
375 Broadway
Schenectady, NY 12305

Part 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation (Leave part four blank)	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

Part 2: Payee Identification

Tax ID (Social Security Number or Employer Identification Number)	Work Phone Number	Home Phone Number	
Name	E-mail Address		
Address	City	State	Zip Code

Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Schenectady Municipal Housing Authority to deposit payments by electronic funds transfer into the specified account below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. 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 payments 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 initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Name	Printed Name	Date
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Part 4: Financial Institution (Contact your financial institution for this information, if necessary)

Financial Institution Name:	City	State	Zip Code
Routing Transit Number	Customer Account Number	Type of Account: <input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings	
Representative Name (Please print)	Title		
Representative Signature			

For Checking accounts, attach a VOIDED check For Savings accounts, attach Deposit slip