



BERNALILLO COUNTY HOUSING AUTHORITY
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the Bernalillo County Housing Authority to initiate credit entries to my account (identified below) in the banking institution named below and authorize the banking institution to credit the same to my account.

This authorization is to remain in effect until revoked by me in writing or by termination of my HAP-Housing contract with Bernalillo County Housing Authority.

Landlord Signature _____

Print Name _____ Date _____

Tenant Name _____

Unit Address _____

CHECKING ACCOUNT

Transit/ABA Routing Number _____

Checking Account Number _____

Bank Name _____ City, State _____

*Attached a copy of voided check

SAVINGS ACCOUNT

Transit/ABA Routing Number _____

Savings Account Number _____

Bank Name _____ City, State _____

*Attached a copy of voided check



Entered in the system by: _____ Date: _____