

Bernalillo County Housing Department

Authorization for Direct Deposit

I (we) hereby authorize and request the Bernalillo County Housing Department, hereinafter called BCHD, To deposit the Housing Assistant Payment by initiating credit entries to the account in the institution named below, hereinafter called Bank, and I (we) authorize the Bank to credit the same to such account.

ACCOUNT INFORMATION ENTER BELOW

I wish to establish the following Bank and Account for Direct Deposit:

BANK OR CREDIT UNION NAME: _____ ROUTING NUMBER: _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER: _____ CHECKING: _____ SAVINGS: _____

This authorization is to remain in full force and effect until BCHD has received written notification from me (or us) of its termination in such time and in such manner as to afford BCHD and Bank a reasonable opportunity to act upon the change.

NAME(S) _____ SS NUMBER _____

_____ SS NUMBER _____

DATE _____ SIGNED X _____ PHONE # _____

SIGNED X _____

TENANT'S NAME: _____

NOTE:

1. ALL WRITTEN CREDIT AUTHORIZATIONS MUST APPROVE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.
2. PLEASE RETURN THIS FORM BY THE 15TH OF THE MONTH IN ORDER TO RECEIVE A CHECK DEPOSIT AT THE FIRST OF THE NEXT MONTH. BE SURE TO CHECK WITH YOUR BANK THE FIRST DEPOSIT TO ENSURE THAT YOUR DEPOSIT WAS CREDITED TO THE CORRECT ACCOUNT.

ATTACH VOIDED CHECK HERE