
AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the Tallahassee Housing Authority and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error until I have canceled it in writing with a copy to the Tallahassee Housing Authority, Attn: Finance Department (Section 8).

PLEASE PRINT:

Your Name: _____

Your Mailing Address: _____

Your Financial Institution: _____

Your Financial Institution's phone number: _____

Your Financial Institution's Routing #: _____
(this is the 9 digit number before your account number on your check)

Your Account Number: _____ Checking **OR**

_____ Savings

Your Signature: _____ Date: _____

PLEASE ATTACH A VOIDED BLANK CHECK TO THIS FORM AND RETURN TO:

**TALLAHASSEE HOUSING AUTHORITY
ATTN: FINANCE DEPT.
2940 GRADY ROAD
TALLAHASSEE FL 32312**

FOR ACCURACY, YOU MAY WISH TO HAVE YOUR BANK REVIEW THE ROUTING AND ACCOUNT NUMBERS.