

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM, PROVIDE A VOIDED CHECK, AND RETURN TO:

Housing Authority of the City of Camden
Department of Housing Choice Voucher
114 Boyd Street
Camden, NJ 08105

PART 1: Transaction Type

- | | |
|--|--|
| <input type="checkbox"/> New setup | <input type="checkbox"/> Change account number |
| <input type="checkbox"/> Change financial institution | <input type="checkbox"/> Change account type |
| <input type="checkbox"/> Cancellation (Leave Part 4 blank) | |

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	Zip Code

PART 3: Authorization for Setup, Changes or Cancellation

I hereby request and authorize The Housing Authority of the City of Camden to deposit payments by electronic funds transfer into the account specified 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 payment may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	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 <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings	
Representative Name (PLEASE PRINT)	Title		
Representative Signature			