

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS **** PLEASE INCLUDE A COPY OF A VOIDED CHECK**

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
 - The payee or financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
 - The payee or new financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
 - The payee or financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
 - The payee or financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by the payee or a financial institution representative.

NOTE: Alterations to routing and/or account number must be initialed by the payee.



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PLEASE COMPLETE THIS FORM AND RETURN TO:

c/o Imagineers LLC
635 Farmington Avenue
Hartford, CT 06105

PART 1: Transaction Type

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

PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID <i>(Social Security Number or Employer Identification Number)</i>		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 City of Hartford Housing Authority 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 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 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	
Representative Name <i>(Please print)</i>		<input type="checkbox"/> Consumer Checking	
Representative Signature		<input type="checkbox"/> Consumer Savings	
		<input type="checkbox"/> Corporate Checking	
		<input type="checkbox"/> Corporate Savings	

