



# Housing Authority of the City of Asheville

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Housing Authority of the City of Asheville (HACA) to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize HACA to make withdrawals from this account in the event that a credit entry is made in error and funds to which I am not entitled are deposited into my account.

Further, I agree not to hold HACA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until HACA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

### Account Information

Employee Name: \_\_\_\_\_

<b>1<sup>st</sup> Financial Institution:</b> _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number: _____	Full Net <input type="checkbox"/>	Partial Deposit <input type="checkbox"/>
Account Number: _____	If Partial, Amount:	
<b>2<sup>nd</sup> Financial Institution:</b> _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number _____	Full Net <input type="checkbox"/>	Partial Deposit <input type="checkbox"/>
Account Number _____	If Partial, Amount:	
<b>3<sup>rd</sup> Financial Institution:</b> _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number _____	Full Net <input type="checkbox"/>	Partial Deposit <input type="checkbox"/>
Account Number _____	If Partial, Amount:	
	Send Remainder as a check <input type="checkbox"/>	

### Signature

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a voided check or bank documentation and return this form to the Accounting Department.**