



ORLANDO HOUSING AUTHORITY

Authorization Agreement for Direct Deposit

I hereby authorize the Orlando Housing Authority to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my (our) account. By acceptance of the funds through direct deposit, the owner certifies that to the best of his/her knowledge the dwelling units(s) are in compliance and are in safe, decent and sanitary condition; the contracted family lives in the unit and is expected to be there for the entire month; the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) contract; and all other factors and data on which this amount is based on are true and correct.

Anyone submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001.

Written notification of any and all changes must be submitted to the Orlando Housing Authority at least forty-five (45) days prior to the next payment date.

PART I: PAYEE'S INFORMATION

Name _____ Tax ID or S.S.# _____

Address _____

Signature _____ Date _____

Second Signature (if required) _____

PART II: BANKING INFORMATION

Financial Institution Name _____ Location _____

Type of Account _____ Checking _____ Savings _____ Other (specify) _____

**Transit/ABA No. _____ Account No. _____

** Transit/ABA number is located on the bottom left hand side of a check.

A voided check must be attached to this Authorization Agreement when returned to the Orlando Housing Authority.

If you are unsure on how to fill out the above, please take this form to your banking institution so they may fill out this form properly.