



Authorization Agreement for Direct Deposit

Please complete all the information on this form and print it out. You will have to submit this form along the a voided check or deposit slip.

Name:

Street/ P,O, Box

Address:

City:

State:

ZIP:

I (we) hereby authorize The Housing Authority of the City of Pueblo, hereinafter called HACP, to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our account must comply with the provisions of US and Colorado State laws.

This authorization is to remain in full force and effect until HAVP has received written notification from me (or either of us) of it termination in such time an din such manner as to afford HAVP and DEPOSITORY a responsible opportunity to act on it.

Please complete this section for your account to receive ACH Direct Deposit(s):

Depository Name (Bank or Credit Union)

Bank Branch

City:

State:

zip:

Routing Number

Account Number

Type of Account: Checking
 Savings

Authorized signer (Please Print)

Date

Signature:

Contact Phone Number