Indianapolis Housing Agency

DIRECT DEPOSIT ACH PAYMENT AUTHORIZATION

Please check the appropriate boxes:

☐ Initial Request ☐ Change ☐ Cancellation ▫ ☐ Public Housing ☐ Section 8 ▫ ☐ Tenant ☐ Landlord

TENANT/LANDLORD INFORMATION:	BANK INFORMATION:
Name:	Bank Name:
Bank Account Type: ☐ Individual ☐ Joint	Branch:
Address:	Bank Address:
City: State: Zip:	City: State: Zip:
Phone Number: ( )	Bank Phone Number: ( )
Social Security #:	Bank ABA Routing #: *(9-digits on the bottom of your voided check preceding the check#)*
IHA Client or Vendor #:	Account #:
E-mail:	☐ Checking Account ☐ Savings Account

(Please attach a voided check here)

AUTHORIZATION:

I authorize the **Indianapolis Housing Agency** to initiate credit entries to my bank account. I understand that this authorization will allow said Agency to debit the above account if funds are credited erroneously to this account. This authorization is to remain in effect until revoked by me in writing and until the Agency actually receives such notice of termination. The Agency will make the necessary changes within 10 business days of receipt of such notice of termination.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

(Must be signed by both parties if joint account)

Please allow 10 business days for your request to be processed

Please mail to: 1919 N. Meridian Street, Indianapolis, IN 46202 Attn: Finance