

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the Housing Authority of Jefferson Parish and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error. This authorization is remain in effect unless revoked in writing to the Housing Authority of Jefferson Parish Finance Department. Account changes must be reported to the Housing Authority of Jefferson Parish Finance Department at least thirty (30) days prior to the actual change.

TYPE OF TRANSACTION (Check One): NEW CHANGE CANCEL

LANLORD/OWNER TYPE (Check One): NEW EXISTING

PAYEES NAME: _____

PAYEES MAILING ADDRESS: _____

PHONE NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION MAILING ADDRESS: _____

FINANCIAL INSTITUTION PHONE: _____

ACCOUNT TYPE: CHECKING SAVINGS

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION ACCOUNT NUMBER: _____

PAYEE SIGNATURE: _____ **DATE:** _____

ATTACH A DIRECT DEPOSIT FORM FROM FINANCIAL INSTITUTION OR A VOIDED BLANK CHECK and W9 and SUBMIT THIS FORM TO:

HOUSING AUTHORITY OF JEFFERSON PARISH
ATTN: Housing Choice Voucher Program
1347 WESTBANK
EXPRESSWAY, UNIT D
WESTWEGO, LA 70094

Attachments Included (CHECK ALL THAT APPLY):

W9 BLANK CHECK OR FINANCIAL INSTITUTION DIRECT DEPOSIT FORM