

PLEASE COMPLETE THIS FORM AND FAX TO:
The Seminole County Housing Authority at **407-359-2576**

Owner **Landlord/Agent** **Participant**

PART 1: Transaction Type

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> New Setup | <input type="checkbox"/> Change Financial Institution |
| <input type="checkbox"/> Cancellation (<i>Leave Part 4 Blank</i>) | <input type="checkbox"/> Change Account Number |
| | <input type="checkbox"/> Change Account Type |

PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID (Social Security Number or Employer ID Number)		Work Phone	Home Phone	
Name		Email		
Address	City	State	Zip	

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the SCHA to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Print Name _____ *Owner* *Landlord/Agent* *Participant (select one)*

Signature _____ **Date** ____/____/____

PART 4: Financial Institution

Financial Institution Name		City	State	Zip
Routing Transit Number	Customer Account Number		Account Type	
Representative Name (<i>Please print</i>)		Title		<input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings
Representative Signature				