



# ACH/EFT - Direct Deposit Enrollment and Authorization Form

## A. Transaction Type:

|  |
|--|
| <input type="checkbox"/> Initial Authorization           |
| <input type="checkbox"/> Change in Authorization         |
| <input type="checkbox"/> Change in Financial Institution |
| <input type="checkbox"/> Change in Account Number        |

## B. Company/Owner/Landlord/Client Information:

|                        |  |               |             |
|------------------------|--|---------------|-------------|
| <b>Name:</b>           | <b>Employer Identification Number (EIN) or Social Security Number:</b> |               |             |
| <b>Street Address:</b> | <b>City:</b>   | <b>State:</b> | <b>Zip:</b> |
| <b>Email Address:</b>  | <b>Contact Telephone Number:</b>                                       |               |             |

## C. Financial Institution Information:

|  |  |                 |
|--|--|-----------------|
| Financial Institution Name:  | Account Holder Name:   |                 |
| Financial Institution Address:   | Account Type: (check one)<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | Account Number: |
| Nine (9) Digit Routing Number:   |  |                 |
| <b>For Verification purposes, please provide a copy of a voided check or bank confirmation. Failure to provide this may result in funds being incorrectly deposited, which PBCHA takes no responsibility for incorrect information provided.</b> |  |                 |

## D. Authorization and Signatures:

By signing this authorization below, I authorize the Palm Beach County Housing Authority to directly deposit funds owed to me and/or my company in the Financial Institution listed above. This authorization shall remain in force until PBCHA receives written authorization from me to terminate or change the deposit account. I also understand that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that the payment may be erroneously transferred electronically.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

|                            |                                       |
|----------------------------|---------------------------------------|
| <b>For PBCHA Use Only:</b> |                                       |
| <b>Date Received:</b>      | <b>Date Sent for Pre-note:</b>        |
| <b>Date Processed:</b>     | <b>PBCHA Representative Initials:</b> |
| <b>Notes:</b>              |                                       |