

DIRECT DEPOSIT AUTHORIZATION

Now Mandatory for all Section 8 Landlords



PLEASE COMPLETE THIS FORM AND RETURN IT WITH A VOIDED CHECK TO:

Glendale Community Housing Division

Attention: ACCOUNTING

Phone: 623-930-3700 or 3710 FAX: 623-930-1064

(scan and email to: scook@glendaleaz.com or marce@glendaleaz.com)

PART 1: TRANSACTION TYPE (CHECK ONE)

New Account: _____ Change in Existing Account: _____

PART 2: VENDOR IDENTIFICATION & BUSINESS NAME

1. Owner Name and Federal Tax ID (SS or Employer or Tax Identification Number)		2. Daytime Phone Number	
3. Section 8 property address		4. Tenant name	
5. Property Management Company or Business Name (if applicable)		6. Alternate Phone Number	
7. Name of Payee –(As it appears on your voided check or deposit slip)		8. Fax Number	
9. Mailing Address	10. City	11. State	12. Zip Code
13. E-Mail Address, which is required for direct deposit notification			

PART 3: AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

I hereby request and authorize the City of Glendale Community Housing 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 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 change in financial institution information.

9. Authorized Signature	10. 2 nd Authorized Signature	11. Date
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PART 4: FINANCIAL INSTITUTION

12. Financial Institution Name		13. Financial Institution Phone Number	
14. Address	15. City	16. State	17. Zip Code
18. Routing Transit Number	19. Customer Account Number	20. Type of Account	
		☐ Checking	☐ Savings

BE SURE TO SEND A VOIDED CHECK!

