AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account: _____ SSN or TIN: _____

In Care of, or Doing Business As (If applicable): _____

Financial Institution: _____

Account Number: _____ Routing Number: _____

Type of Account: ☐ Checking ☐ Savings

Please staple a voided check to this area

Authorization:
I hereby authorize Clermont Metropolitan Housing Authority and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

_____ _____
Printed Name Date

_____ _____
Signature Email Address (where check details will be sent)

You may mail, fax, or email this completed form and voided check to:

Attention: T. Cox Clermont Metropolitan Housing Authority 65 S Market Street Batavia, OH 45103	Email: tcox@clermontmha.org Fax: 513-732-6520