



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Landlord Name (Please Print)
Security #

Federal Employer Identification #/Social

I authorize and request the Rockford Housing Authority to deposit my Housing Assistance Payment(s) automatically to my account identified below each month. This authorization will remain in effect until I have cancelled it in writing. I understand that a cancellation must be initiated at least (10) days in advance of my first Housing Assistance Payment deposit.

Purpose of Authorization (check one)

_____ New Authorization

_____ Changes to Authorization

_____ Cancellation

Please provide the information below for either your checking account or Savings Account

Checking Account Information

Savings Account Information

Name of Financial Institution

Name of Financial Institution

Address

Address

City, State, Zip

City, State, Zip

Bank Routing Number

Bank Routing Number

Account Number

Account Number

Please provide a voided check or copy of a voided check

Landlord/Owner Signature

Date

223 S. Winnebago St.
Rockford, Illinois 61102
815-489-8500 (office)
Fax 815-489-8505

ROCKFORDHA.ORG

