



# 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

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