

Direct Deposit Authorization

I hereby authorize the Lowell Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ - _____ - _____
(Please print your name as it appears on your account) (Social Security #)

**** Please provide a copy of a voided check ****

ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$ _____	OR % _____
BANK NAME : _____		
ACCOUNT #: _____	BANK ROUTING#: _____	

ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$ _____	OR % _____
BANK NAME: _____		
ACCOUNT #: _____	BANK ROUTING #: _____	

ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$ _____	OR % _____
BANK NAME: _____		
ACCOUNT #: _____	BANK ROUTING #: _____	

EMPLOYEE SIGNATURE: _____

DATE: _____

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT****