

# 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

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**PLEASE STAPLE YOUR VOIDED CHECK HERE  
NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED**

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**Authorization:**

I hereby authorize the Gainesville 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address (MANDATORY)

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

<p>Gainesville Housing Authority 1900 S.E. 4<sup>th</sup> Street Gainesville, FL 32641 Attn: Mikki Daniels</p>	<p>Fax: 352-872-5522 Email: MikkiD@gnvha.org</p>
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