

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711 - 4th Avenue West • Everett, Washington 98204

(425) 290-8499 • FAX (425) 290-5618

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

- 1) This form must be filled out *completely* and received by HASCO by the 20th of the month prior to the desired start date.
- 2) The form must be signed by the account owner or authorized agent.
- 3) Attach a voided check. If you are using a savings account, or you do not have checks, contact your bank to verify the correct bank routing number and full account number to be provided on the form below.

No deposit slips or debit cards numbers! That information is not accurate for this purpose.

If you have further questions, contact Tamara Self at (425) 290-8499 x524 or tself@hasco.org

COMPLETE THE FOLLOWING

Depository (Bank) Name: _____ Checking Savings (check one)

Bank Routing #: _____ Account #: _____

I hereby authorize the Housing Authority of Snohomish County to initiate **debit** entries (auto-withdrawals) for the following reason:

I am a HASCO tenant and I want my rent and any additional *pre-authorized* amounts automatically withdrawn from my account.

Auto-withdrawals take place on the 5th of the month

This authority is to remain in full force and effect until the Housing Authority receives written notification from me of its termination in such time and manner to afford the Housing Authority a reasonable opportunity to act on it.

Print name: _____ Last 4 digits of your Soc Sec #: _____

Contact phone #: _____ Address: _____

Authorized signature: _____ Date: _____