

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711 - 4th Avenue West • Everett, Washington 98204

(425) 290-8499 • FAX (425) 290-5618

DIRECT DEPOSIT 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. If your bank account requires two signatures, both parties must sign this form.
- 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 and debit cards numbers! That information is not accurate for this purpose.

- 4) **Landlords with multiple tenants: only one form is needed – if you are currently enrolled in direct deposit, do not submit additional forms for each new tenant.**

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/we hereby authorize the Housing Authority of Snohomish County to initiate credit entries (direct deposits)
OR debit entries (auto-withdrawals) for the following reason:

- I am a Landlord or Property Manager, S8 Homeowner, or Housing Authority and want my housing assistance payment directly deposited into my account listed above.

Provide tenant's name (one name required): _____.

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

Print name: _____ Soc Sec # or Tax ID # _____

Print name: _____ Soc Sec # or Tax ID # _____

Contact phone #: _____ Address: _____

Authorized signature: _____ Date: _____

Authorized signature: _____ Date: _____