

**HOUSING AUTHORITY OF SNOHOMISH COUNTY**

12711 - 4<sup>th</sup> 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 20<sup>th</sup> 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](mailto: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 **credit** entries (deposits) for the following reason:

I am a HASCO tenant and I want opt-out of the prepaid Visa Card Program. Instead, I want my Utility Assistance Payment automatically deposited into my personal account.

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: \_\_\_\_\_