



Palm Beach County Housing Authority

ACH Deposit Enrollment and Authorization Form

A. Transaction Type

<input type="checkbox"/> Initial Authorization
<input type="checkbox"/> Change in Authorization
<input type="checkbox"/> Change in Financial Institution
<input type="checkbox"/> Change in Account Number

B. Company/Owner Information:

Name:	Tax ID Number (Social Security Number or Employer ID):		
Street Address:	City:	State:	Zip:
Email Address:	Contact Telephone Number:		

C. Financial Institution Information:

Financial Institution Name:	Account Holder Name:										
Financial Institution Address:	Account Type: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:									
Nine (9) Digit Routing Number: <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>											
NOTE: FOR VERIFICATION PURPOSES PLEASE ATTACH A VOIDED CHECK											

D. Authorization and Signatures:

By signing this direct deposit authorization below, I authorize the Palm Beach County Housing Authority to directly deposit invoice payments in the Financial Institution listed above via ACH processing. This authorization shall remain in force until PBCHA receives written authorization from me of its termination or change. I also understand that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that the invoice may be erroneously transferred electronically.

Print Name of Company/Owner: _____ Date: _____

Authorizing Signature of Company/Owner: _____

For PBCHA Use Only:	
Date Received:	Date Sent for Pre-note:
Date Processed:	PBCHA Representative Initials:
Notes:	