



AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the Housing Authority of Fulton County and the financial institution listed below to initiate electronic credit entries to my account. I further authorize the adjustment and/or correction of credit entries in the event an error occurs. This agreement shall remain active until a written cancellation notice has been provided by me or my authorized representative to the Housing Authority of Fulton County at the address below:

PLEASE PRINT:

Your Name/Business Name: _____

Mailing Address: _____

Email Address (*required*): _____

Telephone Number: _____

Financial Institution: _____

Financial Institution's Address: _____

Financial Institution's Telephone Number: _____

Financial Institution's Routing Number: _____

(This is the 9 digit number before your account number on your check.)

Your Account Number: _____ Checking or Savings
(please circle one)

Your Signature: _____ Date: _____

PLEASE ATTACH A VOIDED BLANK CHECK TO THIS FORM AND RETURN TO:

**Housing Authority of Fulton County
Attention: Finance Department
4273 WENDELL DRIVE
Atlanta, GA 30336
404-588-4950 phone
404-588-3472 fax**

VERIFICATION OF ROUTING AND ACCOUNT NUMBER BY YOUR BANK IS ENCOURAGED.