



DIRECT DEPOSIT FORM

RETURN TO:

ATTN: SECTION 8 DIRECT DEPOSIT
PO BOX 29
SAN ANTONIO, TEXAS 78291-0029

PHONE: (210) 477-6205
FAX: (210) 477-6786

Name of Depository Financial Institution (Bank): _____

Name on Account: _____

Account Number: _____

Routing/Transit Number: _____
(9 digit number on the bottom of check)

Account Type: Checking Saving

SSN/ Tax I.D. Number: _____

Telephone Number: _____

Rental Property Address: _____

Check One: Apply changes to address(es) listed above only; or
 Apply changes to all units in my account

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the San Antonio Housing Authority to make deposits in the account located on my voided check and authorize the Depository Financial Institution (DFI) to accept these deposits. Adjusting entries to correct errors are also authorized. Its is agreed that these deposits and adjustments may be made electronically which is consistent with the requirements of Section 205.9(b) of Federal Regulation E under the Rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given to the San Antonio Housing Authority.

Signature: _____

Date: _____

PLEASE NOTE: THE DIRECT DEPOSIT MAY TAKE UP TO 60 DAYS TO BE ACTIVATED.

**PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.
(DEPOSIT SLIPS ARE NOT VALID)**