

## MIAMI-DADE PUBLIC HOUSING AGENCY

Finance Division, 701 NW 1<sup>ST</sup> CT, 16<sup>TH</sup> Floor Miami, Florida 33136-3914

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize the Miami-Dade Public Housing Agency to initiate credit entries to my (our) account in the financial institution named below and authorize the financial institution to credit the same to my (our) account.

This authorization is to remain in effect unless revoked by the vendor in writing to the Miami-Dade Public Housing Agency. Account changes must be reported to the Miami-Dade Public Housing Agency thirty (30) days prior to the actual change.

## Please complete the following information and attach a voided check

(if no voided check is available, have bank stamped or letter verifying account information)

SECTION 1 – (To be completed by vendor)	
TYPE OF TRANSACTION (check one):	ADD (new) CHANGE DELETE
MAILING ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER:	EMAIL ADDRESS:
PAYEE PRINTED NAME	PAYEE SIGNATURE
CO-PAYEE PRINTED NAME	CO-PAYEE SIGNATURE

SECTION 2 – (To be completed by financial institution)	
RECT DEPOSIT TO BE MADE TO	
NANCIAL INSTITUTION NAME:	
AILING ADDRESS:	
TY, STATE, ZIP: TELEPHONE NUMBER:	
YPE OF ACCOUNT: CHECKING  SAVINGS    ANK ROUTING NUMBER (The first nine digits prior to the account number in the bottom left corner of the check).	
SECTION 3 – (To be completed by MDPHA Finance Division' Accounting Staff)	
ATE RECEIVED:/ ACH BANK CODE:	
ENDOR NUMBER:	
ROCESSED BY: SIGNATURE	
SBURSEMENT OFFICER APPROVAL BY: SIGNATURE	

IMPORTANT REMINDER! ATTACH A VOIDED CHECK!