



<u>DIRECT DEPOSIT AUTHORIZATION FORM</u>		RHA Office Use Only		
			Date Received	
Request	: New Change Cancel		Date Completed	
			Completed by	
Payee Typ	e: Participant Vendor		Program Type	
			r rogram rype	
	Participant / Vendor In	formation Authorization		
Important!	Please read and sign before comleting and submitting			
institution o	Rochester Housing Authority (RHA), to deposit any amounts of my choice indicated on this form. I authorize the financial in the event that RHA deposits funds erroneously into my a original amount of the erroneous credit.	nstitution to accept and to cr	edit any credit entries indicated b	y RHA to
Legal Nam			Conial Convito # / Tay ID	
	(First Name, Last Name) / (Business Name)		Social Security # / Tax ID	
Address :				
Phone #:	() -	City	State Zip cod	е
Signature:		Date:	1 1	
Oigilatule.		Date	1 1	
	Deposit / Acco	unt Information		
Required	Documentation:	2.00	Che	ck Number
Che	cking account, attach a voided check.			1211
Je (OR	Pay to the		
p p n Savi		Order of		
<u>Ĕ</u> Savi	ngs account attach a bank verification letter.	Greeder 1 5"	*SAMPLE VOICE	0 50
		-2122		
		For. 63149773374 0.63	456788# O1211	-
Note:	If you do not have a check attach a official bank verification letter with your name and full account number. Deposit slip will not be accepted.	Routing Number Accou	nt Number	
Choose or	nly one account type:			
Cho	cking Savings Financial Inst			
L_ Cile	cking Savings Financial Inst	itution:		

Please return this original form and supporting documentation to the Finance Dept.

Rochester Housing Authority 675 West Main Street Rochester, NY 14611

