# **DIRECT DEPOSIT AUTHORIZATION**

PLEASE COMPLETE THIS FORM AND RETURN TO: North Iowa Regional Housing Authority 202 First St., S.E., Suite 203
Mason City, IA 50401

| ☐ New setup  |   | ☐ Change financial institution  |   |   |  |  |
|--|---|---|---|---|--|--|
| Cancellation (Leave Part 4 blank)  |   |   | ☐ Change account number   |   |  |  |
|  |   | ☐ Change account type   |   |   |  |  |
|  |   |   |   |   |  |  |
| PART 2: Payee Identification   |   | ☐ I would like to receive correspondence via e-mail.  |   |   |  |  |
| Tax ID (Social Security Number or Employer Identification Number   |   | Work P  | Work Phone Number   |   | Home Phone Number                                    |  |
| Name   |   | E-mail .  | Address   |   |  |  |
| Address  |   | City  |   |   | State  | ZIP Code   |
|  |   |   |   |   |  |  |
| I hereby request and authorize the into the account specified below ar   | nd, if necessary, de  | ebit entries and  | adjustments for an  | ny amounts de   | eposited el  | ectronically in  |
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## DIRECT DEPOSIT AUTHORIZATION

#### **INSTRUCTIONS**

#### PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** Select if payee is not currently on direct deposit.
  - The payee or financial institution representative must complete Part 4.
- CANCELLATION Select if payee wishes to stop direct deposit.
  - Do not complete Part 4.
- CHANGE FINANCIAL INSTITUTION
  - The payee or **new** financial institution representative must complete Part 4.
- CHANGE ACCOUNT NUMBER
  - The payee or financial institution representative must complete Part 4.
- CHANGE ACCOUNT TYPE
  - The payee or financial institution representative must complete Part 4.

### PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

#### PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

**NOTE:** No alterations to the text in this section will be allowed.

#### PART 4: Financial Institution

This section must be completed by the payee or a financial institution representative.

**NOTE:** Alterations to routing and/or account number must be initialed by the payee.