## DIRECT DEPOSIT AUTHORIZATION FORM

Name on Account		SSN or TIN
In Care of, or Doing Business As (if applica	ble; <b>nee</b>	ds to be the name the business uses):
Financial Institution		
Routing Number		Account Number
Account Type: Checking Savings		Vendor #
		Current Landlords Only
		or number in the detail portion of your check stub. It may take up to two ontinue to receive a paper check until the direct deposit is processed.

PLEASE PROVIDE AN ORIGINAL VOIDED CHECK, A COPY OF YOUR VALID/<u>LEGIBLE</u> PHOTO ID, AND A COPY OF YOUR SOCIAL SECURITY CARD, <u>OR</u> EIN ASSIGNMENT LETTER (if renting property under a business name)

## NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED

Autho		<b>1 1 1 1 1</b>
AUTNO	riza	TION
AULIO	1120	LIUII.

I hereby authorize the Housing Authority of the Birmingham District (HABD) and the financial institution above to make direct deposits to my account. This authorization will remain in effect until I have signed a new authorization or upon termination of my participation in the HABD Section 8 Program. If I change or terminate this account without notifying HABD in writing I understand my payments may be delayed.

Date

Printed Name

Telephone Number (including area code)

Email Address (MANDATORY)

Submit this completed form and required documents to:	Send inquiries to: Email: landlordinfo@habd.net
Housing Authority of the Birmingham District McCoy Building 1301 – 25 <sup>th</sup> Avenue North	Only mail, hand delivery or email documents will be accepted!
Birmingham, AL 35204 Attn: Landlord Liaison	



