Housing Authority of the City of Laredo

2000 San Francisco Avenue
Laredo, Texas 78040
Phone : (956) 722-0221 Fax : (956) 753-4113
Email : support@larha.org

EQUAL HOUSING OPPORTUNITY

DIRECT DEPOSIT AUTHORIZATION

(Please complete this form and return it to Section 8. Also, attach a voided check from the account to be deposited.)

Part 1. Transaction Type

- ☐ New setup
- ☐ Cancellation
- ☐ Change financial institution
- ☐ Change account number
- ☐ Change account type

Part 2. Payee Identification

1. Name and Last Name:		2. Owner Tax ID(S.S.N or Employer identification number:	
3. Address	4. City	5. State	6. Zip Code
4. Home Number	5. Office Number	6. Cell Number	

Part 3. Financial Institution

7. Financial Institution Name	8. City, State and Zip Code
9. Routing Transit Number	10. Customer Account Number
11. Type of Account	☐ Checking ☐ Savings

Part 4. Authorization for Setup, Changes or Cancellation

I hereby authorized the Housing Authority of the City of Laredo to deposit payments by electronic funds transfers into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognized that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time form initiating or terminating Direct Deposit and is responsible for any change in financial institution information.

Print Name	Authorized Signature	Date