



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: Housing Authority of the City of Asheville

Company ID#: 56-6003041

This authorization will remain in effect until the Asheville Housing Authority has received written notification of its termination in such time and in such manner as to afford the housing agency and the financial institution a reasonable opportunity to act on it.

Type of account (Check one.): [] checking account [] savings account

Financial institution (Please print.): _____

Routing number (9 digits required.): [] [] [] [] [] [] [] [] []

Account number: [] [] [] [] [] [] [] [] [] [] [] []

Attach a voided check to this form or other type of verification from the financial institution, documenting the routing and account numbers. If you have questions or need assistance in completing this form, please contact our office at 828-239-3535 or 828-239-3541.

Please complete either Section 1 or Section 2 below.

Section 1:

Payee name (business/agency): _____

Tax Identification Number (9 digits): [] [] - [] [] [] [] [] [] []

Section 2:

Payee name (Individual): _____

Last four digits of individual's Social Security Number: [] [] [] []

I hereby authorize the Housing Authority of the City of Asheville to initiate credit entries to the bank account as indicated above at the depository financial institution named, and to credit the same to such account. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. laws.

Printed name of authorizing person or agent: _____

Contact phone number(s): _____

Signature: _____ Date _____

Housing Agency Use Only
Vendor Acct.: _____ Default Set: _____ EFT selected: _____
Participant code: _____ Default Set: _____ EFT selected: _____
Input date: _____ By _____ Effective date: _____