

SOUTH AMBOY HOUSING AUTHORITY
DIRECT DEPOSIT AUTHORIZATION

AGENT POLICY

If payments are made to an Agent, the IRS 1099 statement will be mailed in the name of the Agent. Please print clearly.

Legal Owner/Agent: _____

Address: _____

City, State, Zip: _____

Social Security Number/Taxpayer ID No.: _____

Name of Bank: _____

Account Number: _____

9-Digit Routing #: _____

Type of Account (Circle one) **Checking** **Savings**

I, hereinafter called Owner or Agent, hereby authorize the South Amboy Housing Authority, hereinafter called (SAHA), to initiate credit entries to my account indicated below at the financial institution named below, and hereinafter called Depository, to credit the same to such account.

The authority remains in full force and effect until SAHA has received written notification from me of its termination in such time and such manner as to afford SAHA and the depository a reasonable opportunity to act on it. I also agree to notify SAHA of any changes to my bank account information.

Authorized Signature: _____

Date: _____

Email Address: _____

Please print clearly as we will not be mailing check stubs, there will be automatic email delivery instead

MAILING INSTRUCTIONS

For Checking Accounts: Attach an original bank check marked VOID NON-NEGOTIABLE

For Savings Accounts: Attach a bank issued direct deposit form that includes your name and account information

PLEASE COMPLETE THE ENCLOSED W-9 AND SIGN THIS AUTHORIZATION FORM ALONG WITH YOUR VOIDED CHECK OR SAVINGS DIRECT DEPOSIT FORM AND MAIL TO 250 SOUTH BROADWAY, PO BOX 817, SOUTH AMBOY, NJ 08879