

AUTHORIZATION FOR DIRECT DEPOSIT
SECTION 1: CUSTOMER INFORMATION

NAME (Last, First, Middle Initial)		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()		

Tenants Name:
Units Address (Street, route, P.O. Box)

Vendor Certification

Unless otherwise indicated above, I hereby authorize and request **The Housing Authority of the County of Chester** to direct the net amount of payment for crediting to my account indicated at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to credit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the VENDOR a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with the VENDOR shall constitute sufficient authorization to terminate this agreement.

I agree to notify the VENDOR if I wish to change the designated FINANCIAL INSTITUTION or account to which my net pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

DATE	SIGNATURE	TELEPHONE NUMBER
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SECTION 2: FINANCIAL INSTITUTION INFORMATION

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<input type="checkbox"/>	<input type="checkbox"/>
	TYPE OF DEPOSIT ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
	DEPOSITOR ACCOUNT NUMBER	<input type="checkbox"/>

Attach Voided Check Here
 (Please do not attach deposit tickets)