



ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize Arlington Housing Authority to initiate deposits and/or corrections to the previous deposits to my account at the bank named below. This authorization will remain in effect for the duration of my Housing Assistance Payment (HAP) contract with the Arlington Housing Authority. If I change or terminate my bank account without notifying the Housing Authority in writing, I understand that my HAP payment may be delayed.

I understand that I must provide a **voided check** (to deposit into a **checking account**) or a **pre-printed savings account deposit slip** (to deposit into a **savings account**) to the Arlington Housing Authority so that the proper account numbers can be verified and entered in order for the HAP payment to be deposited into the correct account.

Print Name _____ Date _____

Property Address _____

Tax ID Number _____ Phone _____

Landlord Signature _____

Please complete **either** check or savings account section. Do not complete both.

Checking Account New Enrollment Update Existing Info

Transit/ABA Routing Number _____

Checking Account Number _____

Bank Name _____ City, State _____

***Attach copy of voided check. DO NOT send a deposit slip; deposit slips will not be processed.**

Savings Account New Enrollment Update Existing Info

Transit / ABA Routing Number _____

Savings Account Number _____

Bank Name _____ City, State _____

***Attach a savings account deposit slip.**

Please return completed form with attachments to:

Arlington Housing Authority
Attn: Landlord Services
501 W. Sanford St., Suite 20
Arlington, TX 76011

- or -

Fax: 817-962-1250