Walla Walla Housing Authority

A Community Partner,
Helping People to Help Themselves

501 Cayuse Street
Walla Walla WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service number 1-833-833-6384
www.wallawallaha.org * wwha@wallawallaha.org

AUTHORIZATION FOR AUTOMATIC DEPOSIT

I hereby authorize Walla Walla Housing Authority to initiate credit entries to my:

[ ] Checking Account – **ATTACH voided CHECK (DO NOT use deposit slip)**
- OR -
[ ] Savings Account – **ATTACH voided DEPOSIT SLIP (include routing and account numbers)**

Legal Owner/Landlord Name:	***Legal*** Owner/Landlord Social Security / Tax Identification Number:
Company Name on account *(if applicable)*:	Name(s) Listed on Bank Account:
Owner/Landlord Address:	Owner/Landlord Telephone:
Financial Institution Name:	Telephone Number of Bank:

Transit Routing Number

Account Number

We do not provide a monthly payment print out; to receive a monthly statement via email, please supply your email address:_____

This authorization is to remain in full force and effect until Walla Walla Housing Authority has received written notification from me of its termination in such time and in such manners as to afford Walla Walla Housing Authority and the Depository a reasonable opportunity to act on it.

_____
Owner/Landlord Signature Date

FOR WWHA USE ONLY **Verification of Deposit Information**	
Transit/ABA Routing Number:	Account Number:
Verified By:	Date: