# 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
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 – **Please Attach VOIDED CHECK**
- OR -
[ ] Savings Account – **Please Attach VOIDED DEPOSIT SLIP**

******* YOU MUST ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP**

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

Transit Routing Number | | | | | | | | |

Account Number | | | | | | | | | | | | | | | | | |

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.

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Owner/Landlord Signature Date

| **FOR WWHA USE ONLY**<br>**Verification of Deposit Information** | |
|---|---|
| Transit/ABA Routing Number: | Account Number: |
| Verified By: | Date: |