



DIRECT DEPOSIT AUTHORIZATION

GLENDALE

PLEASE COMPLETE THIS FORM AND RETURN IT & VOIDED CHECK TO:

**CITY OF GLENDALE COMMUNITY HOUSING
6842 N. 61ST AVE
GLENDALE AZ 85303
ATTN: Sharlene Sharif
Phone: 623-930-3712
FAX: 623-930-1064**

TENANT NAME: _____

PART 1: TRANSACTION TYPE (CHECK ONE)

<input type="checkbox"/>	NEW SET UP	<input type="checkbox"/>	CHANGE FINANCIAL INSTITUTION
<input type="checkbox"/>	CANCELLATION	<input type="checkbox"/>	CHANGE ACCOUNT NUMBER
<input type="checkbox"/>		<input type="checkbox"/>	CHANGE ACCOUNT TYPE

PART 2: PAYEE IDENTIFICATION

1. Owner Tax ID (Social Security Number or Employer Identification Number)		2. Daytime Phone Number	
3. Printed Name (As it appears on your account)		4. Fax Number	
5. Street Address	6. City	7. State	8. Zip Code
9. Email Address			

PART 3: AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

I hereby request and authorize the City of Glendale Community Housing to deposit payments by electronic funds transfer into the account specified below. I recognize that, if I fail to provide complete and accurate information on this authorization form and provide a voided check, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. 2 nd Authorized Signature	11. Date
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PART 4: FINANCIAL INSTITUTION

12. Financial Institution Name		13. Financial Institution Phone Number	
14. Address	15. City	16. State	17. Zip Code
18. Routing Transit Number	19. Customer Account Number	20. Type of Account (Check One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

SEND A VOIDED CHECK!

