Zanesville Metropolitan Housing Authority

**HOUSING CHOICE VOUCHER PROGRAM (Section 8)**

407 Pershing Road, Zanesville, Ohio 43701 ● Phone: (740) 454∙6866

**DIRECT DEPOSIT INFORMATION FORM**

Please type or clearly print all requested information in black ink and return this original form to ZMHA.

PART 1: Payee Identification

Owner Tax ID (Social Security Number or Employer ID number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name (on record): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART 2: Financial Institution (Contact your financial institution for this information if necessary)

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Transit Number: ­­ \_\_ \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_ - \_\_

Type of Account: \_\_\_\_\_\_ Checking \_\_\_\_\_\_Savings

Customer Account Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Account Holder’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“Attach Voided Check or Deposit Slip”**

PART 3: Authorization

I hereby authorize the Zanesville Metropolitan Housing Authority (ZMHA) to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error.

I recognize that, if I fail to provide complete and accurate information on this form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. Also, I am responsible for reporting any changes in my banking information. If ZMHA incurs any banking fees due to incorrect information provided by me, then I will be responsible for these fees.

This authorization will remain in effect until written notice of a change of account, or account holder, is received and as long as payments are issued to me by the ZMHA.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Date inputted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_