



DIRECT DEPOSIT AUTHORIZATION

Now Mandatory for all Section 8 Landlords

PLEASE COMPLETE THIS FORM AND RETURN IT WITH A VOIDED CHECK TO:

**Glendale Community Housing Division
 Attention: Diana Nelson
 Phone: 623-930-3712 FAX: 623-930-1064
 (fax attention: Accounting)**

PART 1: TRANSACTION TYPE (CHECK ONE)

New Account: Change in Existing Account:

PART 2: VENDOR IDENTIFICATION & BUSINESS NAME

1. Owner Name and Federal Tax ID (SS or Employer or Tax Identification Number)		2. Daytime Phone Number	
3. Section 8 property address		4. Tenant name	
5. Property Management Company or Business Name (if applicable)		6. Alternate Phone Number	
7. Name of Payee Name (As it appears on your voided check)		8. Fax Number	
9. Mailing Address	10. City	11. State	12. Zip Code
13. E-Mail Address, which is required for direct deposit notification			

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 and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize if I fail to provide complete and accurate information on this authorization form, 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 change in financial institution information.

9. PRINT YOUR NAME:	10. 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	
		Checking	Savings

BE SURE TO SEND A VOIDED CHECK!

