



Decatur Housing Authority

1808 E Locust St., Decatur, IL 62521
217.423.7711 Fax 217.423.7771

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Decatur Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Decatur Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Decatur Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Decatur Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Section 8 Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to Penny Williams, Accounting

I authorize Decatur Housing Authority to send correspondence to my email address.

My email address is: _____