

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account _____ SSN/EIN _____

In Care of / DBA _____

Financial Institution _____

Account Number _____ Routing Number _____

Type of Account: Checking Savings

**PLEASE ATTACH YOUR VOIDED CHECK
NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED**

Authorization:

I hereby authorize the Ottumwa Housing Authority and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Signature

Date

Printed Name

Telephone Number

Email Address (MANDATORY)

Please email this completed form and voided check to:

mpeterson@ohatowers.org

Thank you,
Melony Peterson, Accounting Specialist
Ottumwa Housing Authority
935 West Main Street, Ottumwa, IA 52501
Ph: 641-814-5922