

**AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS**

I (We), \_\_\_\_\_, hereby authorize Wayne Metropolitan Housing Authority (WMHA) to deposit my Housing Assistance Payment (HAP) directly into the bank account listed below.

Name, as it appears on the bank account: \_\_\_\_\_

Bank Name \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

*(The ABA Routing Number is located at the lower left hand corner of your check. See sample below.)*

Account Number: \_\_\_\_\_ Type:  Checking  Savings

**This authorization shall remain in full force and effect until WMHA has received written notification from me of its termination and in such a manner to afford WMHA enough time to comply.**

**PLEASE PRINT**

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address (if any): \_\_\_\_\_

*(E-mail address is used to deliver automatic deposit confirmations.)*

Social Security # or Taxpayer ID (TIN) #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* A VOIDED CHECK, CHECK COPY, OR CHECKING OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED BELOW FOR VERIFICATION.\*\*** Please remember to make a copy of this form for your records.

Return this form to:

Wayne Metropolitan Housing Authority  
Attn: Finance Department  
345 North Market Street  
Wooster, OH 44691

Fax: (330) 263-1521  
Email: wfryback@waynemha.org

Updated 3/4/2014

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\*\*\* SAMPLE CHECK \*\*\*

<b>John Doe</b> 123 Main St. Denver, CO 80123	Date _____	0123 01-23456789
Pay to the order of _____	<b>VOID</b>	\$ _____
John Doe's Bank 321 Main St. Denver, CO 80123		Dollars
Memo _____		
⑆012345678⑆	⑆01234567890123⑆	⑆0123
9-Digit Bank Routing Number	Account Number	Check Number