



## CITY OF PLATTEVILLE HOUSING AUTHORITY

75 N Bonson Street - Platteville, WI 53818  
 Telephone (608) 348-1830 Fax (608) 348-9145  
 housingauthority@platteville.org

### DIRECT DEPOSIT AUTHORIZATION

#### PART 1: Transaction Type

<input type="checkbox"/> New Setup <input type="checkbox"/> Cancellation (Leave Part 4 Blank)	<input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Account Type
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#### PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID (Social Security Number or EIN):	Phone:
Name:	Email:
Address:	City, State, Zip Code

#### PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the City of Platteville Housing Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for amounts deposited electronically in error. I recognize that, 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 any change in financial institution information.

Financial Institution Name:	City:	State:	ZIP Code:
Routing Number:	Customer Account Number:		<b>Type of Account:</b> <input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings
Representative Name:	Title:		
Representative Signature:			

**\*\*PLEASE ATTACH A VOIDED CHECK OR DEPOSIT TICKET FOR THE DESIRED ACCOUNT\*\***