DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Morrow Metropolitan Housing Authority

201A W High Street Mount Vernon, OH 43050

Ph: 740.397.8787 Fax: 740.397.8226

Email: mmha@morrowmha.org

☐ New setup			☐ Change financia	al institution		
☐ Cancellation (Leave Par	t 4 blank)	☐ Change account number				
_	·	☐ Change account type				
PART 2: Payee Identification	n		☐ I would like to rec	eive corres	ponden	ce via e-mail.
Tax ID (Social Security Number or Employer Identification Number)		Work Phone Number		Home	Home Phone Number	
Name		E-mail Address				
Address		City			State	ZIP Code
PART 3: Authorization for S	Sotup Changes	or Can	collation			
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DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** Select if payee is not currently on direct deposit.
 - The payee or financial institution representative must complete Part 4.
- CANCELLATION Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- CHANGE FINANCIAL INSTITUTION
 - The payee or **new** financial institution representative must complete Part 4.
- CHANGE ACCOUNT NUMBER
 - The payee or financial institution representative must complete Part 4.
- CHANGE ACCOUNT TYPE
 - The payee or financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by the payee or a financial institution representative.

NOTE: Alterations to routing and/or account number must be initialed by the payee.

