

DIRECT DEPOSIT

The owner authorizes the Housing Authority of the County of Jackson to directly deposit Housing Assistance Payments to the account named below.

Account Number _____
_____Checking Account _____Savings Account (Check one)

Bank Routing Number _____

Financial Institution _____

Financial Institution Address _____

Owner _____

Signed by _____

Federal ID Number _____

Social Security Number _____

Date _____

Rev. 3-13-09