

DIRECT DEPOSIT AUTHORIZATION

Please Complete and Return this form to:

Belmont Housing Resources for WNY

Accounting Department

1195 Main Street

Buffalo, NY 14209

(716) 884-8026 - fax

PART 1: Transaction Type

- | | |
|---|---|
| <input type="checkbox"/> New setup
<input type="checkbox"/> Cancellation (<i>Leave Part 4 blank</i>) | <input type="checkbox"/> Change financial institution
<input type="checkbox"/> Change account number
<input type="checkbox"/> Change account type |
|---|---|

PART 2: Payee Identification

1. Owner Tax ID (<i>Social Security Number or Employer Identification Number</i>)		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Street Address	6. City	7. State	8. ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Belmont Housing Resources for WNY to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any 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.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Required Documentation

Attach Here: (Required)
Checking Account - A Voided Check
OR
Savings Account - A Deposit Slip

(If faxing, please fax voided check or deposit slip on a separate sheet)