DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form to:

Belmont Housing Resources for WNY
Accounting Department
2393 Main Street
Buffalo, NY 14214
(716) 884-8026 –fax

PART 1: Transaction Type

☐ New Setup
☐ Cancellation (Leave Part 4 Blank)

☐ Change financial institution
☐ Change account number
☐ Change account type

PART 2: Payee Identification

<table>
<thead>
<tr>
<th>Tax ID (Social Security Number or Employer Identification Number)</th>
<th>Work Phone Number</th>
<th>Home Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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.

Authorized Signature                                             Printed Name                         Date

PART 4: Required Documentation

Checking Account Only
Attach Voided Check *Required*
(If faxing, please fax voided check for checking account on a separate sheet)

Savings Account Only – Please Complete Below
(if necessary, contact your financial institution for this information)

Financial Institution Name                                           City                                State       Zip Code
Routing Transit Number                                                  Customer Account Number
Representative Name (please print)                                      Title
Representative Signature

6/1/2022