## **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

NDT 1: Transaction Tuna					
ART 1: Transaction Type					
<ul><li>□ New Setup</li><li>□ Cancellation (Leave Page 1)</li></ul>	ew Setup ancellation (Leave Part 4 Blank)		<ul><li>Change financial institution</li><li>Change account number</li><li>Change account type</li></ul>		
ART 2: Payee Identification					
Tax ID (Social Security Number or Employer Identification Numb		Work Phone Number	ŀ	Home Phone Number	
		E-mail Address			
Name					
Name Address	Cit			State	Zip Code
	tup, Changes or Cancell t Housing Resources for WNY to its for any amounts deposited el- , the processing of the form may until written notice to terminate	deposit payments by electronic fu ctronically in error. I recognize the de delayed or that my payments r is given. The undersigned must al	hat if I fail to prov may be erroneous llow a reasonable	the account specifide complete and a	ied below a ccurate tronically.

## 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 Co	Customer Account Num	ber		Type of Account							
Representative Name (please print)		Title		☐ Corp	sumer Savings orate Savings sumer Checking						
Representative Signature				u corp	orate Checking						

6/1/2022