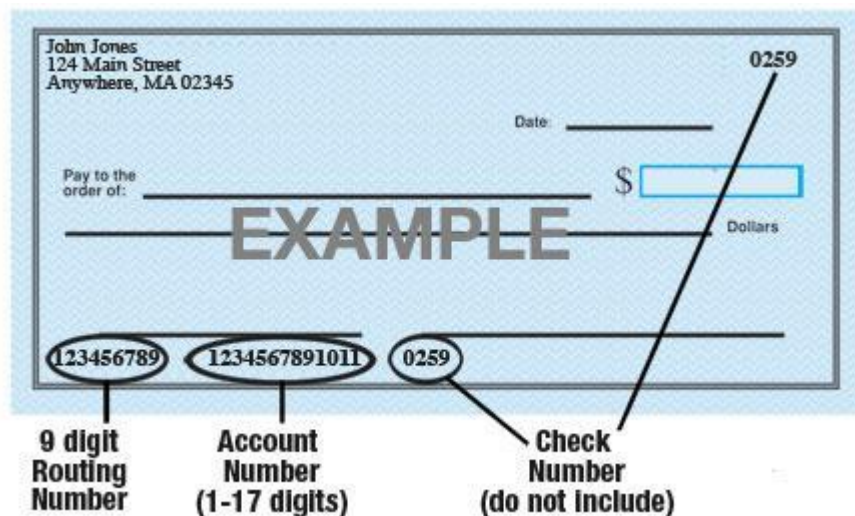


## **Important Information to Enroll in Direct Deposit**

1. Complete the Direct Deposit Authorization form. Enter all necessary information on the Form, please do not omit any information.
2. Attach a voided check (deposit slips are not acceptable) for the checking account into which you would like the Housing Office to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account, you will need to obtain documentation from your bank showing the correct "Routing Number", along with your savings account number, and submit with the enclosed Authorization form.



3. Return the completed authorization form and voided check to:

City of Pensacola  
Attn: Blythe Lee  
P.O. Box 12910  
Pensacola, FL 32521-0031

**or**

e-mail to [blee@cityofpensacola.com](mailto:blee@cityofpensacola.com)

**or**

fax to (850)595-0113

Any information omitted on the authorization form will delay processing.

Office of Housing  
P.O. Box 12910, Pensacola, FL 32521-0031  
420 West Chase Street, Pensacola, FL 32501

Telephone: (850) 858-0350  
TDD: (850) 595-0102  
FAX: (850) 595-0113



*The City of Pensacola is an Affirmative Action/Equal Opportunity Employer*

## DIRECT DEPOSIT AUTHORIZATION

Please complete this form and return to:

City of Pensacola Housing Office  
PO Box 12910  
Pensacola, FL 32521  
[blee@cityofpensacola.com](mailto:blee@cityofpensacola.com)

### PART 1: Authorization Type

<input type="checkbox"/> New direct deposit setup only	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> New vendor & direct deposit setup	<input type="checkbox"/> Change account number
<input type="checkbox"/> Cancellation ( <i>Leave Part 4 blank</i> )	<input type="checkbox"/> Change account type

### PART 2: Vendor Identification *(If this information doesn't match what we have on file, you must also submit a new W-9.)*

Tax ID - SSN or Employer ID Number under which HAP payments are received	City of Pensacola Vendor Number (Appears on all your HAP checks)	E-mail Address	
Vendor Name	Primary Phone	Secondary Phone	
Street Address or PO Box	City	State	ZIP Code

### PART 3: Authorization for Setup, Changes or Cancellation

I authorize the City of Pensacola Housing Office to deposit payments by electronic funds transfer into the account specified below and, if necessary, to debit entries and make adjustments for any amounts deposited in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, processing and payments may be delayed, and my payments may be electronically transferred incorrectly.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating, changing, or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### PART 4: Financial Institution

Financial Institution Name	City	State	ZIP Code
Routing Transit Number _____-_____-____	Customer Account Number _____	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>You must attach a BLANK, VOIDED CHECK or other printed verification of the routing number and account number to this form. Please do not use a deposit slip, as the routing information will be incorrect. Contact your financial institution for assistance, if necessary.</b>			