

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
nlouie@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	

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.