

Jonesboro Housing Authority

P.O. Box 458 Jonesboro, Georgia 30237



Section 8 Housing Choice Voucher Program ACH / Direct Deposit Authorization

Note: Please type or <u>clearly print</u> all requested information

Part 1: Transaction Type				
New Setup	Change Financial Institution		Change Account Number	Change Account Type
Effective Date				
Part 2: Payee Identification				
Name:			Owner Tax ID (Social Security Number or Employer Identification Number):	
Street Address:			Work Phone Number:	Home Phone Number:
City:	State:	Zip Code:	E-mail Address:	
Part 3: Financial Institution Infor	mation		Account Number:	
Account Name:			Account Type: Checking Savings	
9-Digit Routing Number				Savings
Part 4: Authorization				
necessary, debit entries and adjustment	s for any amount	ts deposited electronic	ments by electronic funds transfer into th ally in error. I recognize that, if I fail to pro nay be erroneously transferred electronic	ovide complete and accurate information
This authorization will remain in effect u Direct Deposit and is responsible for not			ersigned must allow a reasonable amount tuion information.	of time for initiating or termination of
Authorized Signature:		Title:	Date:	