



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize The Housing Authority of the City of Fort Pierce to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold The Housing Authority of the City of Fort Pierce responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until The Housing Authority of the City of Fort Pierce receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please attach a VOIDED CHECK and return this form to the Section 8 Department of The Housing Authority of the City of Fort Pierce - 511 Orange Avenue, Fort Pierce, FL 34950.**