

GALVESTON HOUSING AUTHORITY
AUTHORIZATION FOR DIRECT DEPOSIT OF HAP OR UAP CHECK

I authorize the GALVESTON HOUSING AUTHORITY to remit my Housing Assistance Payment Check (HAP) or Utility Assistance Payment (UAP) to my account at the financial institution indicated below. I further authorize the GALVESTON HOUSING AUTHORITY to initiate a withdrawal if an overpayment is made in error; and adjustments or correct errors before the direct deposit is made.

☐ Start direct deposit

☐ Change my account

☐ Stop direct deposit

Name of the Bank or
Financial Institution _____

Branch _____

Address _____

City _____ State _____ Zip Code _____

☐ Checking Account ☐ Savings Account

Account Number _____ Routing (ABA) Number _____

This authorization remains effective until revoked in writing or until client separates from the program.

Please confirm your bank's routing number with your bank and attach a voided check.

Name _____ Tax ID or SSN _____

Company or Business Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ Cell Phone Number (____) _____

Email Address _____

Electronic processing reduces the opportunity for correcting errors before the deposits are made; therefore, direct deposit systems provide preauthorization of the corrections to your account.

To change banks or accounts, a new Authorization Form must be completed and submitted at least two weeks before the payment date.

To discontinue direct deposit, send a written notice to the GHA Finance Department at least two weeks before the payment date.

Signature

Date