



061

Direct Deposit Authorization

VENDOR INFORMATION:

Business Name or Owner/Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

BANK INFORMATION:

*****Specific Bank Information:** If your bank is Chase, Bank of America, or Wells Fargo: Check with your bank for the ACH Routing Number.

Bank: _____ Bank Routing (ABA) Number: _____

Bank Account Number: _____

Account Type:

☐ Checking ☐ Savings

Attach **one** of the Following for Verification:

☐ Voided Check ☐ Deposit Slip ☐ Bank Statement

AUTHORIZATION:

I hereby authorize the Housing Authority of Travis County, to deposit payments by direct deposit (ACH) directly into the above specified bank account. I agree to contact HATC immediately about any overpayments made to this account and I agree to reimburse HATC in full for any overpayments. This authorization will remain in effect until HATC receives written notification of a change.

Authorized Signature: _____ Date: _____