

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize TCOG to initiate automatic deposits to my account at the financial institution named below. I also authorize TCOG to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold TCOG 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 TCOG receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Section 8 Office.

Landlord Information

Name: _____

Address: _____

Business Name: _____

E-mail Address: _____

Account Information

Account type: Checking _____ Savings _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Please attach a voided check and return this form to the Section 8 Office.

Signature

Authorized Signature: _____ Date: _____

Phone Number: _____



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