



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Lucas Metropolitan Housing to initiate deposit entries and to initiate, if necessary, debit entries to adjustment for any credit entries processed in error to my account indicated below.

This authority is to remain in effect until revoked by me in writing.

Account Holder Information:

Name: First and Last or Company

EIN or Social Security Number

Unit Address include City, State, and Zip Code

Mailing Address if different from above

Bank Information:

Name of Financial Institution

Account Type (Checking/Savings)

Bank Routing # (9 digits)

Account Number

Signature

Date

If Company, please print name and title of authorized signer

*** Note: Attach a voided check or direct deposit information from bank for verification.**
Form is considered incomplete and direct deposit will not be updated if verification information is not attached and legible.

Mail to: LMH, 424 Jackson Street, Toledo, OH 43604, Attn Accounting

For Housing Authority Use Only

Date received _____

Received by _____

Date sent to Accounting _____