



**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.

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**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

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**Bank Information:**

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

\_\_\_\_\_  
Account Type (Checking/Savings)

\_\_\_\_\_  
Bank Routing # (9 digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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 \_\_\_\_\_