



Pierce
County
Housing
Authority

For PCHA use only:

Vendor Code _____

Processed by _____ Date _____

Verified by _____ Date _____

Vendor Direct Deposit Authorization Form

Vendor Information

Business Name:					
Tax ID Number:					
Remit to Address:					
City:		State:		Zip:	
Contact Name:				Phone Number:	
Email Address:					

Bank Information

Bank Name:					
Bank Routing (ABA) Number (9 digit number) :					
Bank Account Number:					
Please enclosed one of the following for verification:			Check One:		
<input type="checkbox"/> Voided Check			<input type="checkbox"/>	Checking	
<input type="checkbox"/> Specification form from Bank			<input type="checkbox"/>	Savings	

Authorization

I, _____, as an authorized signer for _____, do hereby authorize Pierce County Housing Authority to deposit payments by electronic funds transfer into the above specified account and, if necessary, make debit entries and adjustments for any amounts deposited electronically in error. I agree not to hold Pierce County Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit, and is responsible for notification of any change in financial institution information.

Authorized Signature

Title

Date

Mail, Fax, or Email to:
Pierce County Housing Authority
Attn: Finance Department
P.O. Box 45410
Tacoma WA 98448
Fax: 253 620-5462 / Email: lbanks@pchawa.org