The Housing Authority of the County of Cook Direct Deposit/Change/Cancellation Withdraw Authorization Agreement

PREAUTHORIZED PAYMENTS AUTHORIZATION/ CHANGE /CANCELLATION AGREEMENT FORM

I hereby authorize The Housing Authority of the County of Cook (HACC) to instruct my financial institution to make monthly rent payment from the account listed below. This authorization remain in effect until HACC has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until HACC has sent me written notice of termination of this agreement. The monthly amount shall consist of base rent and other charges and shall be adjusted from time to time as set forth in the lease agreement. The withdrawal will be made on the fourth day of each month. If the fourth day is a Saturday or Sunday then the withdrawal will be made on Monday.

N	NEW (SECTION 1, 3 & 4)	CHANGE (SECTION 1, 2, 3 & 4)		CANCELLATION (SECTION 1)
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(PLEASE CHECK ONE BOX ABOVE AND COMPLETE ALL APPROPRIATE SECTION)

SECTION 1: TENANT PERSONAL INFORMATION:	6 Digit Client Number
Name (Please Print):	
Street Address:	
City, State & Zip:	
Unit number:	
Phone number:	
Signature:	_ Date:

SECTION 2:

CHANGE FROM								
FINANCIAL INSTITUTION INFO	RMATION (OLD)							
Name of Institution:								
Account Type: (Check Or	1 e)	Checking	Saving					
Routing Number:								
Account Number:								
SECTION 3: CHANGE TO FINANCIAL INSTITUTION INFORMATION (NEW)								
Name of Institution:								
Account Type: (Check Or	1 e)	Checking	Saving					
Routing Number:								

Account Number:

SECTION 4:

IMPORTANT A VOIDED CHECK (for Checking account) or VOIDED PREPRINTED WITHDRAWAL FORM (for Savings account), or an official letter from your bank with tenant's routing and account number must be attached to this request to be valid. PLEASE NOTE: DEPOSIT TICKETS DO NOT PROVIDE ADEQUATE ROUTING NUMBERS, THEREFORE, THEY WILL NOT BE ACCEPTED FOR SET UP OF DIRECT DEPOSIT.