



Direct Deposit Enrollment Form

Your Name: _____

Your Address: _____

E-Mail: _____

Phone No.: _____

Tenant Name: _____

(If multiple tenants, just report one name)

Bank Name: _____

Account Type: _____ Checking _____ Savings

Bank Routing No: *(Use the routing number from a check – not a deposit slip)*

Account No.: _____

***(ATTACH A VOIDED CHECK, OR COPY OF A CHECK –
Direct Deposit WILL NOT be initiated without a copy of voided check)***

I hereby authorize Central Oregon Regional Housing Authority dba Housing Works to initiate credit entries to the above account. The financial institution is authorized to credit the amounts to the account. This authority remains in effect until Housing Works receives written notice of termination.


Please inform us immediately if you have any changes to your bank, address, or contact information.


Authorized Signature

Date

If you opt to fax please use: 541-923-6441

405 SW 6th Street
Redmond, OR 97756

 (541) 923-1018

 (541) 923-2095

 www.housing-works.org

Housing Works is an assumed business name of Central Oregon Regional Housing Authority

10/25/2012