

HOUSING AUTHORITY OF THE CITY OF TEXAS CITY

817 Second Avenue North
Texas City, Texas 77590

Phone (409) 945-4011
Fax (409) 943-4525



HOUSING CHOICE VOUCHER (HCV) PROGRAM DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

Landlord Name

SS# or Tax ID #

Landlord Phone #

Tenant Name (only need one current tenant's name)

E-Mail Address

I hereby authorize the Texas City Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize the Texas City Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Texas City Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Texas City Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Texas City Housing Authority.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____ Checking

Account Number: _____ Savings

SIGNATURE

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

RETURN TO THE TEXAS CITY HOUSING AUTHORITY OFFICE