



**Indianapolis Housing Agency**  
 1935 North Meridian Street  
 Indianapolis, IN 46202  
 Phone: (317) 261-7200 Fax: (317) 261-7265

**ACH DIRECT DEPOSIT  
 AUTHORIZATION**

INITIAL REQUEST                       CHANGE REQUEST                       CANCEL REQUEST

<b>Owner/Agent Information</b>	<b>Bank Information</b>
Owner/Management Company Name(s):	Name:
Type of Account: <input type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Branch:
Address:  _____ STREET ADDRESS  _____ CITY                      STATE                      ZIP	Address:  _____ STREET ADDRESS  _____ CITY                      STATE                      ZIP
Phone:	Phone:
E-Mail:	ABA Routing Number:
Social Security Number:	Account Number:
Vendor Number:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
<b>Tenant Name:</b>	
<b>Rental Unit Address:</b>  _____ STREET  _____ CITY                      STATE                      ZIP	

**(Please attach a voided check here)**

**ON FILE** - Check here only if you have already filed an ACH Authorization Form with the IHA for this bank account.

**EVEN IF ON FILE, YOU MUST STILL SIGN BELOW**

**AUTHORIZATION:**

I authorize the **Indianapolis Housing Agency** to initiate credit entries to my bank account. I understand that this authorization will allow said Agency to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until the Agency actually receives such notice of termination. The Agency will make the necessary changes within 10 business days of receipt of such notice of termination. Notice of transmittal to the bank will be mailed within 10 business days of transmission.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(Must be signed by both parties if joint account)**