



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

LANDLORD ACH DIRECT DEPOSIT AUTHORIZATION

INITIAL REQUEST CHANGE REQUEST CANCEL REQUEST

Owner/Agent Information	Bank Information
Owner/Management Company Name(s):	Name:
Type of Account: <input type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Branch:
Address (NO PO BOX ADDRESSES WILL BE ACCEPTED):	Address:
_____	_____
STREET ADDRESS	STREET ADDRESS
_____	_____
CITY STATE ZIP	CITY STATE ZIP
Phone:	Phone:
E-Mail:	ABA Routing Number:
Social Security Number/Tax I.D. Number:	Account Number:
Vendor Number:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Tenant Name:	
Rental Unit Address:	

STREET	

CITY STATE ZIP	

(Please attach a voided check here. We cannot accept starter checks.)

ON FILE - Check here **only** if you have already filed an ACH Direct Deposit Authorization with the IHA for this bank account regarding this particular vendor/entity; please note that a separate form must be completed regarding **each** Request for Tenancy Approval, Ownership Change, Receivership, etc.

Regarding savings accounts - If you are attaching documentation regarding a savings account, please provide a pre – printed deposit slip or data from the bank, on their letterhead, to confirm the following: the account holder’s name, routing number, and the account number.

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)