

# HOUSING AUTHORITY OF LANCASTER

3502 Caroline Court - P.O. Box 1235  
LANCASTER, SOUTH CAROLINA 29721  
VOICE/TDD (803) 285-7214 - FAX (803) 283-2049

## AUTHORIZATION AGREEMENT FOR AUTOMATIC CHECK DEPOSITS

Please read the instructions on the accompanying page prior to completing the form.

PLEASE TYPE OR PRINT CLEARLY

VENDOR/PAYEE INFORMATION		
Vendor/Payee Name	Vendor/Payee Tax Identification Number <input type="checkbox"/> Tax Identification Number : _____ <input type="checkbox"/> Social Security Number: _____	
Vendor/Payee Address (Street, City, State, Zip Code)		
Contact Name	Telephone ( )	Email Address
REQUEST INFORMATION		
<b>PLEASE INCLUDE A VOIDED CHECK AS REQUESTED IN THE INSTRUCTIONS. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION. A VOIDED DEPOSIT TICKET IS NOT ACCEPTABLE.</b>		
Type of Request (Check one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Change - Effective Date: _____ <input type="checkbox"/> Cancellation - Effective Date: _____		
BANK ACCOUNT INFORMATION		
Bank Routing Number	Bank Account Number	
BANK ACCOUNT NAME		
Type of Account (Check one) <input type="checkbox"/> Business Checking Account <input type="checkbox"/> Business Savings Account <input type="checkbox"/> Personal Checking Account <input type="checkbox"/> Personal Savings Account		
Bank Name		
Bank Address (Street, City, State, Zip Code)		
AUTHORIZATION		
<p>Authorization is hereby granted to credit said account at the financial institution named above for the purpose of transferring Housing Assistance Payments (HAP) or payment for goods or services. Housing Authority of Lancaster (HAL) is also granted authorization to correct inadvertent duplicate payment information and, if necessary, debit entries. This authorization is to remain in effect until notification is given to the Housing Authority of Lancaster in writing (at least ten (10) day notice) on a HAL Authorization Agreement for Automatic Check Deposits Form advising of a change, allowing reasonable time to implement such change.</p> <p>By signing below, I attest that to the best of my knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family(ies) is in the unit and is expected to be there the entire month; the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) and is payable under the HAP contract; all other facts, data, good or services on which this amount is based are true and correct; and that I am authorized to make such a request.</p>		
Authorization Vendor Signature	Printed Vendor Name	Date

RETURN THIS FORM TO: Jerry T. Witherspoon  
Housing Authority of Lancaster  
P.O. Box 1235  
Lancaster, SC 29721

OFFICE USE ONLY	
Vendor Number: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other
Property Number(s) _____	
ACH Entry Date: _____	By: _____