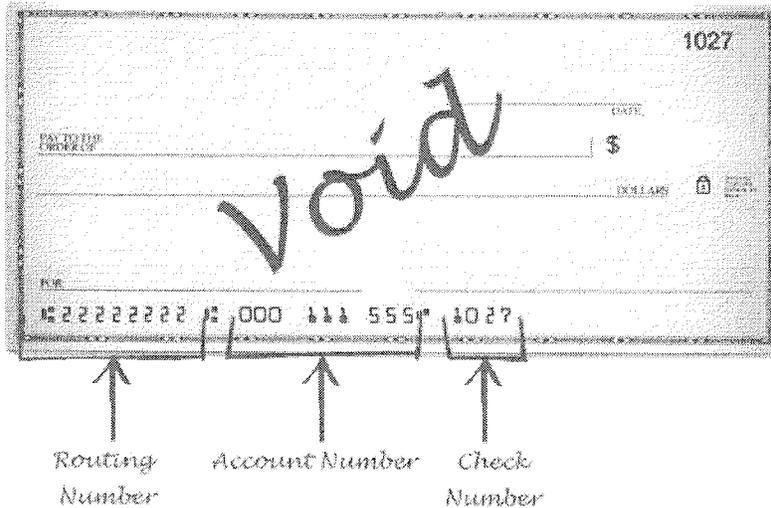


## DIRECT DEPOSIT FORM

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- 1.) Complete the Direct Deposit Authorization form. Enter all necessary information on the Authorization form. Please do not omit any information.
- 2.) Attach an original voided check (photo copy, deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account, you will need to obtain the correct "Routing Number" from your bank, along with the savings account number, and submit both with the enclosed Authorization form.



- 3.) Complete the W-9
- 4.) Return the completed authorization form, voided check, and W-9 to:

Caribou Housing Agency  
25 High Street  
Caribou ME 04736

You may e-mail forms to: [lpourde@cariboumaine.org](mailto:lpourde@cariboumaine.org)

Or fax forms to: (207) 498-3954

Any information omitted on the authorization form will delay processing. Email address and phone number are required.

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO: Caribou Housing Agency  
 25 High Street  
 Caribou, ME 04736

## PART 1: Transaction Type

|   |   |
|---|---|
| <input type="checkbox"/> New setup                                | <input type="checkbox"/> Change financial institution |
| <input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i> | <input type="checkbox"/> Change account number        |
|   | <input type="checkbox"/> Change account type          |

## PART 2: Payee Identification

I would like to receive correspondence via e-mail.

|  |      |                   |                   |  |
|--|------|-------------------|-------------------|--|
| Tax ID <i>(Social Security Number or Employer Identification Number)</i> |      | Work Phone Number | Home Phone Number |  |
| Name   |      | E-mail Address    |                   |  |
| Address  | City | State             | ZIP Code          |  |

## PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Caribou Housing Agency to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

|                      |              |      |
|----------------------|--------------|------|
| Authorized Signature | Printed Name | Date |
|----------------------|--------------|------|

## PART 4: Financial Institution *((Contact your financial institution for this information, if necessary.))*

|   |                         |       |                 |  |
|---|-------------------------|-------|-----------------|--|
| Financial Institution Name                |                         | City  | State           | ZIP Code   |
| Routing Transit Number                    | Customer Account Number |       | Type of Account |  |
| Representative Name <i>(Please print)</i> |                         | Title |                 | <input type="checkbox"/> Consumer Checking<br><input type="checkbox"/> Consumer Savings<br><input type="checkbox"/> Corporate Checking<br><input type="checkbox"/> Corporate Savings |
| Representative Signature                  |                         |       |                 |  |