

Authorization Form for Direct Debit and Direct Deposit

Housing Authority of Billings
2415 1st Avenue North
Billings MT 59101
406-245-6391
Fax: 406-245-0387

Name on Account _____ last 4 numbers of SSN or TIN _____

In Care of, or Doing Business As (if applicable :) _____

For Property located at: _____

Financial Institution _____

Account Number _____ Routing Number _____

(This information is found on the bottom of your Check. Please do not take the information from your deposit slip.)

Type of Account: Checking _____ Savings _____

E-mail Address: _____

Phone: _____

Authorization: I hereby authorize The Housing Authority of Billings and the financial institution above to make **direct deposits to my account**. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Beginning Date: _____

Signature: _____

Date: _____

Printed Name: _____

Authorization: I hereby authorize The Housing Authority of Billings and the financial institution above to make monthly **direct debit from my account for the amount of rent owed on the 6th day of the month or if the 6th is on a weekend or holiday the next business day**. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Beginning Date: _____

Signature _____

Date: _____

Printed:

Name: _____