



Housing Authority of the City of El Paso

Vendors

Direct Deposit Application

VID # _____

SECTION A-ACCOUNT VENDOR INFORMATION

1. BUSINESS NAME

2. ADDRESS (NUMBER AND STREET)

(APT NUMBER)

(CITY)

(STATE)

(ZIP CODE)

3. TAXPAYER IDENTIFICATION NO. (SSN/EIN)

4. TELEPHONE NUMBER (INCLUDING AREA CODE)

5. Email address:

Note: Please provide your Accounts Receivable email address

SECTION -B FINANCIAL INSTITUTION INFORMATION (VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED)

1. FINANCIAL INSTITUTION NAME

2. FINANCIAL INSTITUTION ADDRESS (NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

STAPLE VOIDED
CHECK

3. FINANCIAL INSTITUTION TELEPHONE NUMBER ()

4. TYPE OF ACCOUNT (Check One Box Only) Checking Savings

5. Routing Number (9 Digits)

6. Account Number

SECTION C- DIRECT DIPOSIT AUTHORIZATION

I hereby authorize the Housing Authority of the City of El Paso Texas to initiate credit entries (deposits) adjustments for any credit entries a made in error or my account designated above.

I understand my direct deposit enrollment may be terminated if I fail to notify the Housing Authority of the City of El Paso, Texas of changes in account information.

Signature

Date