

OLD BRIDGE TOWNSHIP HOUSING AUTHORITY
DIRECT DEPOSIT AUTHORIZATION

AGENT POLICY

PLEASE PRINT CLEARLY.

Legal Owner/Agent: _____

Address: _____

City, State, Zip: _____

Social Security Number/Taxpayer ID No.: _____

Name of Bank: _____

Account Number: _____

9-Digit Routing #: _____

Type of Account (Circle one) **Checking** **Savings**

I, hereinafter called Owner or Agent, hereby authorize the Old Bridge Township Housing Authority, hereinafter called (OBTHA), to initiate credit entries to my account indicated below at the financial institution named below, and hereinafter called Depository, to credit the same to such account.

The authority remains in full force and effect until OBTHA has received written notification from me of its termination in such time and such manner as to afford OBTHA and the depository a reasonable opportunity to act on it. I also agree to notify OBTHA of any changes to my bank account information.

Authorized Signature: _____

Date: _____

Email Address: _____

Please print clearly as we will not be mailing check stubs, there will be automatic email delivery instead

MAILING INSTRUCTIONS

For Checking Accounts: Attach an original bank check marked VOID NON-NEGOTIABLE

For Savings Accounts: Attach a bank issued direct deposit form that includes your name and account information

IF YOU ARE A CURRENT LANDLORD RECEIVING A HAP CHECK, PLEASE COMPLETE AND SIGN THIS AUTHORIZATION FORM. ATTACH THIS FORM ALONG WITH YOUR VOIDED CHECK OR SAVINGS DIRECT DEPOSIT FORM AND MAIL or E-MAIL TO:

**OLD BRIDGE TOWNSHIP HOUSING AUTHORITY
AND REDEVELOPMENT AGENCY**

2000 Route 18 North, Suite 100

Old Bridge, NJ 08857

E-mail obtha@obhousing.com