## **DIRECT DEPOSIT AUTHORIZATION**

PLEASE COMPLETE THIS FORM AND RETURN TO:
OZARKS AREA COMMUNITY ACTION CORPORATION (OACAC)
HOUSING ASSISTANCE PROGRAM
215 S. BARNES, SPRINGFIELD, MO 65802
417-864-3444

Part 1: Type of Transaction

| New Enrollment*   |                              | Change Financial Institution*               |                    |                        |  |
|---|------------------------------|---|--------------------|------------------------|--|
| Cancellation (Leave Part 3 Blank)   |                              | Change Account Number* Change Account Type* |                    |                        |  |
| Part 2: Payee Information   |                              |   |                    |                        |  |
| Tax ID (Social Security Number or Employer Identification (EI) Number)  |                              | Contact Phone Number 2                      |                    | 2nd/Optional Phone No. |  |
|   |                              | ( )   | (                  | ( )                    |  |
| Name  |                              | Email Address                               |                    |                        |  |
| Address   | City                         |   | State              | Zip Code               |  |
| Part 3: Bank, Credit Union, or Saving   | ıs & Loa                     | n Information                               |                    | <b>,</b>               |  |
| Financial Institution Name  |                              | Type of Account:                            |                    |                        |  |
|   |                              | Checki                                      | ing [              | Savings                |  |
| Address of Financial Institution  | City                         |   | State              | Zip Code               |  |
| Routing Transit Number  | Customer Account Number      |   |                    |                        |  |
|   |                              | 1_1_1_1_1_                                  | <br>               | 1                      |  |
| <u>*I</u><br>ATTACH VOIDED CHECK OR I<br>(Deposit Slips are <u>NOT</u> acceptabl  | _                            | IATION FROM Y                               |                    |                        |  |
| PART 4: Authorization Statement   |                              |   |                    |                        |  |
| I hereby request and authorize the OACAC Housi transfer into the account specified above. I agree OACAC Housing Program may recover such fund | that if any<br>Is directly f | funds are depostied for my account.         | d in error to my a | account, the           |  |
| This authorization will remain in effect until written a reasonable amount of time for initiating or termin changes.                          |                              | •   |                    | •                      |  |
| Authorized Signature  | Printed Nan                  | ne  | Date               |                        |  |
|   |                              |   |                    |                        |  |