Saginaw Housing Commission Section-8 Housing Choice Voucher Program 1803 Norman Street Saginaw, MI 48605



## Authorization Agreement For Direct Deposit of Utility Assistance Payments



				oid check (or a bank's letter, on me, and account number).◆
		Add OR	Upda	ate
		(Please check abov		
Tenant Name:			Telephor	ne:
I HEREBY AUTHORIZ account.	ZE the Saginaw Hou	using Commission, he	reafter referred to as	SHC, to initiate credit entries to my
	ect One:	Checking	Savin	gs
Indicated below at the d such account.	epository financial i	nstitution named belo	w, referred hereinaft	er as depository and to credit the same to
Credit Union or Bank N	ame:			
Routing:*			Account#	
	M ME OF ITS TER	MINATION IN SUC	H TIME AND IN SU	L SHC HAS RECEIVED WRITTEN JCH MANNER AS TO AFFORD THE IT.
Name as it ap	opear on the account	:		
Last 4 digits	of Tenant's Social S	Security Number:		
Signature:			Date:	
***YOU N				SIT CHANGES.*** ANK PRIOR TO SUBMITTING FOR
*ROUTING INFOR		E FOUND ON THE B COUNT NUMBER, C		PERSONAL CHECK, PRECEEDING YOUR S LETTER.
RETURN TO:	Section-8 Hou	Housing Commission using Choice Voucher	Program	

1803 Norman Street Saginaw MI 48605