



# DIRECT DEPOSIT ENROLLMENT FORM

NAME \_\_\_\_\_ SOCIAL SECURITY / EIN # \_\_\_\_\_

ACCOUNT      NEW      \_\_\_\_\_      CHANGE      \_\_\_\_\_      ADD      \_\_\_\_\_      DELETE      \_\_\_\_\_

**ATTACH A VOIDED CHECK**

ACCOUNT TYPE      CHECKING            DEPOSIT AMOUNT \_\_\_\_\_

SAVINGS     

ACCOUNT NO: \_\_\_\_\_

ROUTING NO: \_\_\_\_\_

**FINANCE DEPARTMENT WILL NOT PROCESS THIS FORM WITHOUT A VOIDED**

**CHECK OR A COPY OF A VOIDED CHECK**

I authorize the McAllen Housing Commission to make the following direct deposit for my utility assistance each month to the financial institution listed above.

TENANT \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NO \_\_\_\_\_

## FINANCE DEPARTMENT ONLY

RECEIVED ON: \_\_\_\_\_ PROCESSED ON: \_\_\_\_\_ BY: \_\_\_\_\_



**PHONE NO: (956) 686-3951**

