



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 of my payment for services rendered as shown on invoice to the financial institution listed above.

SIGNATURE _____ DATE _____

EMAIL _____

PHONE NO _____

FINANCE DEPARTMENT ONLY

RECEIVED ON: _____ PROCESSED ON: _____ BY: _____



PHONE NO: (956) 686-3951

