

St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554
Ph: 574-656-3545 // Fax: 574-804-1005
mail.sjcha@gmail.com

Direct Deposit Payroll Authorization

I hereby authorize The St. Joseph County Housing Authority, here in after called Company, to direct deposit my net pay each pay period to the financial institution(s), hereinafter called Depository, and the account number(s) designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I understand that the rental payments will be deposited into the account designated as my Main Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Required Question:

Will any of the direct deposits paid to you under this authorization be redirected to an account outside of the United States*? Yes No

Financial Institution: _____

City: _____ State: _____

Deposit Account Number: (should be a 9 digit number) _____

Bank Transit Router Number: _____

Type of Account (circle one): Checking Savings

Owner Name: _____

Tax ID: _____

Signature: _____

*(This further defined is the tenitorial jurisdiction of the United States which includes all 50 states, U.S. territories. U.S, military bases and U.S. embassies in foreign countries)