Robin Carter Chair | Board of Commissioners

Janet Abrahams President | Chief Executive Officer



Electronic DIRECT DEPOSIT Request

	Please Print Clearly		
PRINT:			
Vendor / Landlord /or Company Name:			
Street Address:			
City, State, Zip Code:			
Authorized Signature:			
Vendor / Landlord /or Company Name:			
Phone Number:			
Email Address:			
Date:			

I authorize the Housing Authority of Baltimore City Accounts Payable to take the following action:

- 1 Deposit Directly into my Savings Account
- 2 Deposit Directly into my Checking Account
- 3 Change Bank my account number

In the event that HABC Accounts Payable notifies the bank that funds, to which I am not entitled, have been deposited into my account inadvertently, I hereby authorize and direct the bank to return said funds to HABC Operations.

	Bank Name	Routing number	Account Number	Amount
1 st . Bank				
2 nd . Bank				

1) P	Print or Type clearly.	
	Attach a Voided Check copy if direct deposit goes into a checking account. Attach a Deposit Slip copy if direct deposit goes into a savings account.	
	mail: program.integrityunit@habc.org.	