CHANGE.
CHICAGO HOUSING AUTHORITY

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Before completing this form, please read the instructions on the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Return the form to the Payroll Department.

Last Name   **First Name**

Social Security Number   **Clock Number**   **Work Phone**
‐   ‐   ‐

Action   **Effective Date**
☐   ☐   ☐   /   /
New   Change Cancel   Month   Day   Year

Account 1

Name of Financial Institution
Chicago Municipal Employees Credit Union

Account Number (Include dashes but omit spaces and special symbols)

Amount
$.

Routing Transaction Number (All 9 boxes must be filled)
271078094

Account Ownership:			Type of Account:	
Self	Joint	Other	Checking	Savings
☐	☐	☐	☐	☐

Account 2

Name of Financial Institution

Account Number (Include dashes but omit spaces and special symbols)

Amount
$☐☐☐☐.☐☐

Routing Transaction Number (All 9 boxes must be filled)

Account Ownership:			Type of Account:	
Self	Joint	Other	Checking	Savings
☐	☐	☐	☐	☐

Account 3

Name of Financial Institution

Account Number (Include dashes but omit spaces and special symbols)

Amount
$☐☐☐☐.☐☐

Routing Transaction Number (All 9 boxes must be filled)

Account Ownership:			Type of Account:	
Self	Joint	Other	Checking	Savings
☐	☐	☐	☐	☐

I hereby authorize the Chicago Housing Authority (hereinafter called "CHA") to initiate automatic deposits and/or credit entries and if necessary, debit entries and adjustments for any credit entries in error to my above listed account number(s).

I understand that it will be my responsibility to verify that I have received a Deposit Advice form before assuming my pay has been deposited to my account. If at any time I submit new authorization requesting a change in Depository, I further understand that there will be an interruption in my direct deposit and that I will receive at least one paycheck in the pre-note interim.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____