



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive • Suite 400 • Decatur, Georgia 30030
404-270-2100 • Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

Direct Deposit Information

Landlord/Owner Data

Name (Please Print) _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Email address for direct deposit
notification (35 character limit) _____

Social Security Number/Tax Identification Number _____

Financial Institution Data

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Please attach a copy of a voided check for deposit to a checking account or a voided savings deposit slip for deposit to a savings account.

I hereby authorize the Housing Authority of the City of Decatur, Georgia, to initiate deposits and/or correcting entries to previous deposits to my account if necessary. I understand this authorization will remain in effect until a written authorization requesting cancellation is submitted to the Housing Authority in such a time and manner as to afford the Housing Authority a reasonable amount of time to act on it.

Signature _____

Date _____

Signature verifies that the above information is correct.