

DIRECT DEPOSIT for Accounts Payable

ATTENTION:

The Charlotte Housing Authority is pleased to announce that we have the capability to offer direct deposit of your accounts payable checks, which you receive whenever an invoice is paid.

Advantages of Direct Deposit:

- Your payment will be available at 8:00 a.m. on the first or second working day after payments are processed.
- No mail delay due to weekend or holidays.
- Checks will not be lost in the mail. There will be no need to “stop” payment on lost or delayed checks. You will know immediately if your check has been deposited.
- No fear of lost or stolen checks.
- You will receive a statement, which identifies the exact payment amount deposited into your account for each invoice.

ENROLLMENT IS SIMPLE!

If you would like your payment deposited directly in your account:

1. Fill out the enclosed form.
2. Attach a VOIDED Check from your account.
3. Return the information either by mail or via Fax:

Charlotte Housing Authority
Accounts Payable, Direct Deposit
P O Box 36795
Charlotte, NC 28236

Fax number 704-336-5664

If you have any questions, please call (704) 336-5822

Sincerely,

The Charlotte Housing Authority

**CHARLOTTE HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

Use this form to add, change or cancel a direct deposit. All changes must be submitted in writing to the Charlotte Housing Authority. Direct deposits should begin in lieu of checks within 2 weeks of receipt of the signed form.

STEP 1:

I hereby authorize the Charlotte Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account. Please check the appropriate box:

Add Direct Deposit Change Direct Deposit Information Cancel Direct Deposit

STEP 2: Specify Account Type (**check only one**):

- Checking
- Savings

STEP 3: Please attach a **VOIDED** Check from your account. We will use this to get your correct account number and routing number.

STEP 4: CHECK ONE ONLY: ___ Corporation (Legally Incorporated) OR ___ An Individual

STEP 5: SIGN:

Company Name _____

Your Name _____ Date _____
(Please print name above)

Signature _____

Phone Number _____

Accounting Payable Use Only

Entered by _____ Date _____ Payee # _____

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