



# MHIR Program

**Vermont State Housing Authority**  
 1 Prospect Street  
 Montpelier, VT 05602

## Direct Deposit Authorization

Select or Flag one of the following as Payee

- Mobile Home Park Owner  
 Mobile Home Park Resident  
 Contractor

### PART 1: Transaction Type

<input type="checkbox"/>	New Setup	<input type="checkbox"/>	Change financial institution
<input type="checkbox"/>	Cancellation (Leave Part 4 Blank)	<input type="checkbox"/>	Change account number
<input type="checkbox"/>	Other	<input type="checkbox"/>	Change account type

### PART 2: Payee Identification

**I would like to receive correspondence via e-mail.**

<b>Tax ID (Social Security Number or Employer Identification Number)</b>	<b>Work Phone Number</b>	<b>Home Phone Number</b>	
<b>Name</b>	<b>E-mail Address</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

### PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Vermont State Housing Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

<b>Authorized Signature</b>	<b>Printed Name</b>	<b>Date</b>
-----------------------------	---------------------	-------------

### PART 4: Financial Institution *(Contact your financial institution for this information, if necessary.)*

<b>Financial Institution Name</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Type of Account			
<input type="checkbox"/> Consumer Checking	<input type="checkbox"/> Consumer Savings	<input type="checkbox"/> Corporate Checking	<input type="checkbox"/> Corporate Savings
<b>Routing Transit Number:</b>	<b>Customer Account Number:</b>		

Please make sure all information is correct before sending. Incorrect information may result in a delay or non-payment of assistance. Including a voided check with this form is highly recommended to ensure accuracy.