Saginaw Housing Commission Section-8 Housing Choice Voucher Program 1803 Norman Street Saginaw, MI 48605



## Authorization Agreement For Direct Deposit of Housing Assistance Payments



	valid government issued pl with the routing number, yo		check (or a bank's letter, on and account number).◆
,	Add OR (Please check abov	Update	
Bank Account Holder:		Telephone:	
I HEREBY AUTHORIZE the account.	e Saginaw Housing Authority, hereaf	fter referred to as SHA, to  Savings	initiate credit entries to my
	ory financial institution named below		depository and to credit the same to
Depository Name:		Branch:	
City:		State:	
Routing:*		Account#	
NOTIFICATION FROM MI	S TO REMAIN IN FULL FORCE A E OF ITS TERMINATION IN SUCI ORY A REASONABLE OPPORTU	H TIME AND IN SUCH I	
Account Holder:		Fed Tax ID:	
Signature:		Date:	
	VALID ID IS REQUIRED TO MA VERIFY THE ROUTING NUMBI PROCI		
*ROUTING INFORMAT	TION CAN BE FOUND ON THE B ACCOUNT NUMBER, C		SONAL CHECK, PRECEEDING YOUR TTER.
RETURN TO:	The Saginaw Housing Commission		

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