



HABC
Housing Authority of Bexar County
1954 E Houston Ste 104
San Antonio, TX 78202

Office 210-225-0071
Fax 210-225-6976
www.habctx.org

Authorization Agreement for Direct Deposit Payment

Vendor # (if known) _____

Name of Payee: _____

Vendor/Landlord Contact Name: _____

Phone # _____ Fax # _____

Email address: _____

Name of Bank or Financial Institution _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

SS/Tax ID Number: _____

Payee Information and tax ID must match W9

Rental Property Address: _____

I hereby authorize the Housing Authority of Bexar County to initiate credit and if necessary debit entries and adjustments for any credit entries made in error to my account. By signing below I attest that to the best of my knowledge that all facts and data on which this information is based on are true and correct and that I am authorized to make such request and changes.

Signature

Date

PLEASE NOTE: THE DIRECT DEPOSIT MAY TAKE UP TO 60 DAYS TO BE ACTIVATED.

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.

Email completed form and return to attention landlordliaison@habctx.org