

HOUSING & REDEVELOPMENT AUTHORITY OF ST. CLOUD

1225 W ST GERMAIN ST, ST CLOUD MN 56301

ph 320-252-0880 fax 320-252-0889

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT:

I authorize the Housing & Redevelopment Authority of St. Cloud (St. Cloud HRA) to automatically deposit any funds owed to me/us through the Voucher Payment Program to my/our account at the Financial Institution named below. I understand that this agreement may be terminated by me or St. Cloud HRA at any time by written notification. Any such notification requires a reasonable time to act upon it. I further agree to notify St. Cloud HRA immediately of any discrepancies between the amount deposited and the amount due under the HAP Contract and, in case of overpayment by the St Cloud HRA, the amount of the overage shall be returned within 30 days.

Name on Account _____

Address _____

Email Address _____

Name of Financial Institution _____

Type of Account: Checking (enclose copy of check) Savings (enclose deposit slip)

Is this a: **NEW** account setup **CHANGE** in account setup

Bank Routing Number _____

Account Number _____

Authorized Signature:

Signature

Date

ATTACH A COPY OF A CHECK OR DEPOSIT SLIP AND RETURN TO:

St. Cloud HRA
Attn: Roxanne
1225 W St Germain St
St. Cloud MN 56301
fax: 320-252-0889
email: rguerra@stcloudhra.com

For Internal Use Only:	
Vendor #	_____
Date	_____
Processed by	_____