

**Kenner Housing Authority**  
 An Equal Housing opportunity  
 ~1003 31<sup>st</sup> Street ~ Kenner, Louisiana 70065~  
 Phone 504-467-9166 ~ Fax 504-464-7781

## Payee Authorization

COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO: Kenner Housing Authority 1003 31 <sup>st</sup> St. Kenner, LA 70065	PLEASE ATTACH A VOIDED  CHECK
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PAYEE NAME: \_\_\_\_\_

**PART 1A: Transaction Type**

**PART 1B: Change Reason (Not Required for New Account)**

<input type="checkbox"/> New Account	<input type="checkbox"/> Change Account (Specify Under Part 1B)	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account #
<input type="checkbox"/> Cancel Account	<input type="checkbox"/> Address Change	<input type="checkbox"/> Change Acct Type	<input type="checkbox"/> Change Routing #
		<input type="checkbox"/> Other	

**PART 2: Payee Information**

Pay Name (Must Match IRS W-9 Form)  Property owner or Participant tax ID/SSN (Must be 9 – digit number)  <input type="checkbox"/> Social Security Number (SSN) <input style="width: 100%;" type="text"/>  <input type="checkbox"/> Federal Employer Identification Number (EIN) <input style="width: 100%;" type="text"/>	Contact information  Work Phone <input style="width: 90%;" type="text"/>  Home Phone <input style="width: 90%;" type="text"/>  Fax Number <input style="width: 90%;" type="text"/>  E-Mail <input style="width: 90%;" type="text"/>
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**PART 3: Type of Ownership**

<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Public Housing Authority (PHA)		

**PART 4: Address**

Physical Address (Cannot be a P.O. Box)	City	State	Zip Code
Mailing Address (P.O. Box Allowed) <input type="checkbox"/> Check if same as physical address	City	State	Zip Code
1099 Address (P.O. Bo Allowed) <input type="checkbox"/> Check if same as physical address	City	State	Zip Code

Payee Name (Must match IRS W-9 Form)

**Part 5: Financial Information for Direct Deposit**

Name of Financial Institution

Type of Account

Checking  Saving

Routing Transit Number

Customer Account Number

**TIP** Call your financial institution to make sure they will accept direct deposit

**TIP** Verify your account number and routing transit number with your financial institution

**TIP** Do not use a deposit slip to verify the routing number

John Doe	1234
123Bay Street	
Kenner, LA 70065	
Pay to the order of _____ \$ <input type="text"/>	
	Dollars
For _____	
.:25000000.:12345678910 11.	

Routing Transit Number ←

Account Number ←

Note: The Account and Routing Number may appear in different places on you check

**PART 7: Authorizing Signature**

By signing this Authorization form. I permit the Kenner Housing Authority to deposit payments by electronic funds transfer into the account specified in part 5.

I also authorize the debit of amounts deposited in error and any financial adjustments deemed necessary by the Kenner Housing Authority.

I understand that providing incomplete or inaccurate information may delay my payments.

This Authorization will remain in effect until the Kenner Housing Authority has received written notice from the undersigned to terminate financial terminate financial transactions.

The Undersigned is responsible for notifying the Kenner Housing Authority of any change in information contained within this agreement.

Signature of Account Owner

Date

Printed Name of Account Owner

PLEASE ATTACH A VOIDED CHECK