DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED FY2019 GRANT PAYMENTS

I (we) hereby authorize MISSOURI HOUSING DEVELOPMENT COMMISSION, hereinafter called MHDC, to initiate credit entries to my (our)

☐ **Checking account** ☐ **Savings account**

indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account for disbursements from the Missouri Housing Trust Fund, Missouri Housing Innovation Program, Emergency Solutions Grant, or Diaster/COVID-19 Relief funds. ***Please attach a voided check to this form and return both to MHDC Kansas City office.***

DEPOSITORY

NAME: **BRANCH:**

CITY: **STATE:** **ZIP:**

ABA #: **ACCOUNT #:**

This authority is to remain in full force and effect until MHDC and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford MHDC and DEPOSITORY a reasonable opportunity to act on it.

AGENCY NAME:

GRANT NUMBER: **ADDRESS:**

DATE: **SIGNATURE:**

PRINTED NAME:

TITLE: