



Vendor Application

January 1, 2011

To: Vendors

From: Accounting Department

Re: Direct Deposit Authorization Form

The Tampa Housing Authority requests all vendors to have Direct Deposit for payable accounts. Direct deposit allows you to have your payments deposited automatically to your business account. Please fill out the attached Direct Deposit Authorization Form; you **must attach a voided check** along with your direct deposit request form. Your voided check **MUST** have your business name and address imprinted on the check. If you do not have checks, submit a verification letter from your financial institute verifying the bank routing number and your account number.

The Accounting Department cannot accept temporary documents or deposit slips as verification of your account. Please allow two to four weeks for your direct deposit to be processed through our system. If you have any questions regarding the direct deposit process, please contact Mickey Lagares in the accounting department at (813) 253-0551 extension 235.

Please return completed documents by mail or fax to **813-258-1044**.

Mailing Address:

Tampa Housing Authority
Contracting & Procurement
1529 West Main Street
Tampa, FL 33607



Vendor Application

Direct Deposit Authorization

I hereby authorize Tampa Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Tampa Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tampa Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Tampa Housing Authority receives a written notice of cancellation from me or my financial institution or until I submit a new or change direct deposit form to the Payroll Department.

I HAVE ATTACHED A VOIDED CHECK FOR ACCOUNT SPECIFIED BELOW

New Account

Change or Update Account Info

Inactivate Account

Account Owner Name: _____

Company Name: _____

Address: _____

Telephone: (W/Area Code): _____

Email Address: _____

Signature: _____

(Check only one)

Checking

Savings

Financial Institution: _____

Street Address: _____

City, State, Zip: _____

Telephone: (W/Area Code): _____

TAMPA HOUSING AUTHORITY OFFICE USE ONLY

Date: _____ Processed By: _____ Vendor #: _____

PLEASE ATTACH CHECK HERE