



<u>FOR OFFICE USE ONLY</u>
Client App. # _____
Owner # _____

**GREATER DAYTON PREMIER MANAGEMENT
DIRECT DEPOSIT AUTHORIZATION AGREEMENT
Housing Choice Voucher Program**

I hereby authorize Greater Dayton Premier Management to initiate credit/debit entries for payments, deposits or error corrections to my account (identified below) and authorize the bank to credit/debit the same to my account.

This authorization is to remain in effect until revoked in writing with Greater Dayton Premier Management

Owner's Name _____

Property Manager's Name (if applicable) _____

Owner's Signature _____ Date _____

Property Address (enter only one address for owner's with multiple properties)

Complete **either** checking or savings account – **DO NOT COMPLETE BOTH.**

CHECKING ACCOUNT

Checking Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

SAVINGS ACCOUNT

Savings Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

RETURN COMPLETED FORM (WITH ATTACHMENTS) TO:

**Greater Dayton Premier Management
Financial Management Department
400 Wayne Avenue
P.O. Box 8750
Dayton, Ohio 45401-8750**