



# Big Stone Gap Redevelopment and Housing Authority

PO Box 536  
Big Stone Gap, VA 24219

276-523-4788 (Phone)  
276-523-5141 (Fax)  
bsgha@bsgha.org

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Big Stone Gap Redevelopment and Housing Authority (BSGRHA), to initiate automatic deposits to my account at the financial institution named below. I also authorize Big Stone Gap Redevelopment and 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 BSGR&HA 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 BSGR&HA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to this Housing Authority. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

### Account Information (Attach voided check)

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking |  Savings

### Personal Information

Legal Owner: \_\_\_\_\_ SS # or Tax ID # \_\_\_\_\_  
Management Agent (if applicable): \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Forms will not be processed without a voided check or deposit slip. Please return this form via mail, fax or email.**