



City of River Rouge

Direct Deposit Sign-Up Form

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section 8 Participant Name:

Part 1A: Transaction Type

New Account Change Account (Specify in Part B) Cancel Account

Part 1B: Change Reason (not required for new account)

- Change Tax ID#
Previous Tax ID# _____
- Change Address
- Change Payee Name
- Change Financial Information
- Other: _____

Part 2: Contact Information

Physical Address: (Cannot be PO Box)

Mailing Address (Leave Blank, if same as above)

1099 Address (Leave Blank, if same as above)

Work Phone Number: ()	Home Phone Number: ()
Cell Phone Number: ()	Fax Number: ()

E-mail Address:



City of River Rouge

Part 3: Payee Information					
Payee Name (Must Match IRS W-9 Form):					
Tax ID (Must Be 9-Digit Number) Social Security Number					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
OR					
Federal Employer Identification Number (FEIN)					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 66%;"></td> </tr> </table>					
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"/> Trust/Estate	<input type="checkbox"/> Public Housing Authority (PHA)				

Part 4: Financial Information for Direct Deposit	
Name of Financial Institution	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (9 Digits):	Account Number:

PLEASE ATTACH A COPY OF A VOIDED CHECK WITH YOUR PAPERWORK

Part 5: Certification	
I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I understand that providing incomplete or inaccurate information may delay my payments. This authorization will remain in effect until River Rouge Housing Commission has received written notice from the undersigned to terminate financial transactions. The undersigned is responsible for notifying River Rouge Housing Commission of any change in information contained within this agreement.	
Signature of Account Owner:	Date: / /
Printed Name of Account Owner:	