



A New Foundation of Hope

2026 W. Main Street
Springfield, OH 45504
www.smhaohio.org

P: 937.325.7331
F: 937.325.3657
spgfldhousing@smhaohio.org

VENDOR'S DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Springfield Metropolitan Housing Authority to initiate credit/debit entries for payments, deposits or error corrections to the financial institution named below. I also authorize SMHA to make withdrawals from the account in the event that a credit entry is made in error.

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

This authorization is to remain in effect until revoked in writing with Springfield Metropolitan Housing Authority

Entity/CLIENT Name: _____

Authorized Signature: _____

Print Name: _____ Date: _____

ACCOUNT INFORMATION

Please make sure to indicate whether the account is a checking or savings account.

Checking Account Number: _____

Transit/ABA Routing Number: _____

Checking: _____ Saving: _____

Bank Name: _____ City, State: _____

Please attach a Voided Check or Deposit Slip and return this form to SPRINGFIELD METROPOLITAN HOUSING AUTHORITY.

I do not wish to provide my banking information at this time.

Opt out: _____

RETURN COMPLETED FORM (WITH ATTACHMENTS) TO:

Springfield Metropolitan Housing Authority
Financial Management Department
2026 West Main Street
Springfield, Ohio 45504
Or email to:
ap@smhaohio.org



TTD 1-800-545-1833 Ext. 475
TTY 1-800-750-0750 Ext. 711

