



Lake Metropolitan Housing Authority

189 First Street · Painesville, Ohio 44077
440-354-3347 · 440-354-5008 fax



Electronic Funds Transfer (EFT) Form

To sign up for EFT, please fill in the information requested. Then fax or send this information to the information listed above.

Payee Information:

Name: _____ SS#: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email address: _____
(for payment notification purposes)

Bank Information: ****PLEASE ATTACH A VOIDED CHECK ONLY****

(Direct Deposit will not go into effect without an attached voided check confirming the numbers written on the form. Do NOT attach a deposit slip.)

Bank Name: _____

Name on Account: _____

Account #: _____ Routing #: _____

Checking Savings

I certify that I am entitled to receive payments from Lake Metropolitan Housing Authority in accordance with the Housing Choice Voucher program, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the institution named above to be deposited to the designated account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until Lake Metropolitan Housing Authority has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account by the LMHA, I authorize my bank to deduct the deposit from my account and return the deposit to the LMHA.

Signature of Payee:

Date:

Printed Name of Payee:

Date: