

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Or fax to: (405) 419-9198

Attn: Finance - Direct Deposit
 Oklahoma Housing Finance Agency
 PO Box 26720
 Oklahoma City, OK 73126-0720

PART 1: Transaction Type **PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

<input type="checkbox"/> New setup <input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change financial institution <input type="checkbox"/> Change account number <input type="checkbox"/> Change account type
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PART 2: Payee Identification

1. Tax ID <i>(Social Security Number or Employer Identification Number)</i>		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Address	6. City	7. State	8. ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Oklahoma Housing Finance Agency to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. 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.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Financial Institution *(Must be completed by Payee, Owner or Manager.)*

12. Financial Institution Name		13. City		14. State	15. ZIP Code
16. Routing Transit Number <small>_____ - _____</small>		17. Customer Account Number <small>_____</small>		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
19. Representative Name <i>(Please print)</i>			20. Title		
21. Representative Signature					

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INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
 - Financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
 - The new financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
 - Financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
 - Financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by Payee, Owner or Manager.

The financial institution representative's name must be provided in box 19.

NOTE: Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.