HOUSING AUTHORITY
OF ST. LOUIS COUNTY

Vendor Direct Deposit Form

Please mail this form and all documentation to:
Housing Authority of St. Louis County
Attn: Purchasing
8865 Natural Bridge Rd.
Saint Louis, MO 63121-5592

Please complete the form below and return it to the Purchasing Department with a **VOIDED CHECK** from the bank account you want to use for Direct Deposit. Information other than banking is requested for verification of information and for your safety. If we do not have enough information to verify your account, you will be contacted for additional information. ***No request can be processed without a copy of a voided check.***

Type of Action: ____ New Applicant ____ Change Account

Vendor: _____

Social Security # (Person) _____ or Federal ID # (Business) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address Update: ____ *Yes* ____ *No*

Phone Number: _____
Alt. Phone _____

E-mail:_____

E-mail addresses will be used for Direct Deposit e-statements and for notification of direct deposits.

Banking Information ***(Please attach a void check for verification.)***

Bank Name: _____

Transit #: _____ Account #: _____ Checking _____ Savings _____

I have enclosed a **VOIDED CHECK** from the bank account I want to use for the HASLC Direct Deposit Program.

_____ _____
(Vendor Signature) Date

Finance Use Only:

YARDI pre-note: _____ Bank pre-note: _____ DD Start Date: _____