



(563) 589-4230

CITY OF DUBUQUE
AUTHORIZATION AGREEMENT FOR ACH TRANSFER
SECTION 8 ASSISTED HOUSING PROGRAM
350 West 6th Street Suite 312, Dubuque IA 52001

Please type or print the following information

Name _____
Address _____
City/State/Zip _____
Daytime Phone _____

I authorize the City of Dubuque to initiate a credit entry to the depository financial institution listed below.

Financial Institution	Transit/ABA# Must be 9 digits	Account Number	Type of Account Checking/Savings

Instructions:

Financial Institution:

The name of the bank, credit union, or other institution where your checking or savings account is located.

Transit/ABA Number:

This is the 9 digit number on the bottom, left side of your check or deposit slip.

Account Number:

This is the next group of numbers, to the right of the ABA number on a check.

Type of Account

Note if the account type is Checking or Savings.

Please attach a voided check for checking accounts or a deposit slip for savings accounts.

This authority is to remain in effect until the City of Dubuque has received a replacement Authorization Agreement notifying of the appropriate changes or termination of your Housing Assistance Payments (HAP) direct deposit.

To Terminate, check this box:

☐

Signature

Date