

DIRECT DEPOSIT FORM

Contact Information:			
Landlord Name (Company or Individual): Federal Tax ID # (FEIN) (for Company):			
Leasing/Rental Contact Email:			
Payment Confirmation Email (if diffe	erent from abo	ove):	
Contact Phone #:			
Direct Deposit Information:			
Name of Bank:			
Bank Address:			
City/State/Zip:			_
Bank Contact:			
Bank Phone #:			
Account Type (Check One):	Checking		Savings
Routing Number:			_
Account Number:			<u></u>
Name on Account:			

Please attach a voided check or deposit ticket.

Please return to:

Appleton Housing Authority Attn: Tammy Boone 925 W. Northland Ave.

Appleton, WI 54914 FAX: 920-739-6817

EMAIL:TammyB@appletonhousing.org