

Virgin Islands Housing Authority

St. Thomas
#402 Anna's Retreat
P.O Box 7668
St. Thomas, VI 00801
Telephone: 340-777-8442
Fax: 340-775-0832
Email: exec@vihousing.org



St. Croix
#5 Estate Bethlehem
P.O Box 1349, Kingshill
St. Croix, VI 00851
Telephone: 340-778-8442
Fax: 340-778-0830

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **Virgin Islands Housing Authority** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **Virgin Islands Housing Authority** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **Virgin Islands Housing Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Virgin Islands Housing Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Printed Signature : _____

Authorized Signature (Joint): _____ Date: _____

Printed Signature: _____

Tenant Name(s):

Landlord/Owner Contact Number:

Note: Please attach a voided check with your name, routing number and account number OR a bank deposit sign up form with the signature of your bank representative

Failure to provide the requested information will affect the processing of this form and will delay or prevent the receipt of payments by direct deposit

