

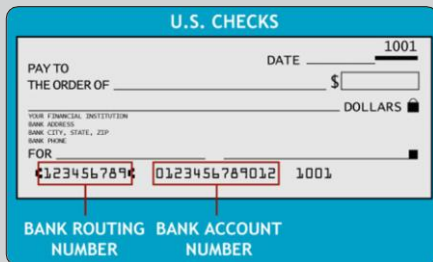
Submitting this form authorizes the Liberty Housing Authority to deposit electronic payments directly into your bank account.

Forms are processed within 10 business days after receipt.

Incomplete forms will not be processed, and will be destroyed in a secure manner.

If you have questions, please contact
(816).792.1113 or via email at
Director@libertyhousingauthority.org

Where are my routing and account numbers?



A Voided Check or correspondence on bank letterhead with ACH/EFT instructions must accompany this form.

revised October 2022

1	Vendor/Landlord Remit To Information
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Is this a new ACH authorization, or are you updating your current bank information?

- ☐ **NEW** - I've never been paid via ACH by Liberty Housing Authority
- ☐ **UPDATE** - I'm updating my existing ACH banking information

payee name (must match W9)

federal tax ID number (or SSN)

organization or DBA (if applicable)

street address / PO

suite / apartment

city

state

ZIP

email (remittance advice / notifications)

name on bank account (if different than above)

depository institution

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- ☐ ☐ checking
savings

bank_routing_number

bank account number

account type

I, the undersigned Vendor, hereby authorize Liberty Housing Authority (hereinafter referred to as LHA) to make payment for services covered by an agreement by using Automated Clearing House (ACH). I agree to provide LHA with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least ten (10) business days (2 calendar weeks) in advance of changes. In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the LHA upon discovery or after LHA provides sufficient information to support its claim. I accept that payment made to an incorrect account as listed above are timely and complete for any invoiced goods and services.

name and title

X

vendor/landlord signature

date

I, the undersigned LHA employee, do attest that I have verified the banking information and tax ID.

X

signature of Liberty Housing Authority employee

Date verified

Liberty Housing Authority employee (print name)

Team

- ☐ **yes** ☐ **no** I attest, I verified the vendor's banking and tax ID information.

vendor ID number