/ DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- · A separate form must be completed for each type of payment to be sent by Direct Deposit.

	TION 1 (TO BE	COMPLETED BY PAYEE)		
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS		
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER		
CITY STATE ZIP CODE		F TYPE OF PAYMENT (Check only one) □ Social Security □ Fed Salary/Mil. Civilian Pay □ Supplemental Security Income □ Mil. Active □ Railroad Retirement □ Mil. Retire		
TELEPHONE NUMBER AREA CODE				
		☐ Civil Service Retirement (OPM	f) ☐Mil. Survivor	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		□VA Compensation or Pension □Other HACC (specify)		
С		G	(if	applicable)
Prefix	Sufffix			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE	DATE	SIGNATURE		DATE
SIGNATURE	DATE	SIGNATURE		DATE
SECTION 2 (TO BE COMPLETED BY A GOVERNMENT AGENCY NAME Housing Authority of the County of Cook		PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY ADDRESS 175 West Jackson Blvd, Suite 350		
riodoling ridinolin, or the educity of educit		Chicago, IL 60604-3042		
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)				
NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER		CHECK	
		DIGIT		
	DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENRATIVE'S NAME	SIGNATURE OF REF	PRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

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