LANDLORD DIRECT DEPOSIT FORM

PURPOSE:	Use this form to Add, Change or Stop Direct Deposit account enrollments.
INSTRUCTIONS:	Complete and submit this form to the Community Assistance Office (CAO) along with the following necessary attachments required for processing:
CHECKING:	Must have a voided check or letter from the bank with both the Account # and Routing #

If your account has been closed, please contact the CAO immediately at 480-312-7156.

SETUP NEW OR STOP ENROLLMENTS FOR:

Start	Stop	Financial Institution Name	Routing # (Must match backup document)	Account #		
☐	☐					
☐	☐					
☐	☐					

I hereby authorize the City of Scottsdale and the above named financial institution to initiate deposits and if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) indicated above. This authority is to remain in full force and effect until written notification is received of its termination or the City of Scottsdale is notified by the Financial Institution of errors to the account(s).

Name (print)

Signature

Title/Position

Phone Number

Email

Company Name

If Applicable, Name of Complex

Date