



3033 W. 71st Ave, Ste 1000
Westminster, Co 80030
303-227-2075

DIRECT DEPOSIT AUTHORIZATION

I authorize Maiker Housing Partners (Maiker) and the financial institution below to automatically deposit my payments into my account.

This Authorization will remain in effect until I give written notice to Maiker’s Accounting Department to discontinue.

NEW BANK INFO

UPDATE/REVISED BANK INFO

PLEASE PRINT CLEARLY

Owner/Tenant/Agent Name (as shown on tax returns & W-9)

Phone #

Doing business as (make payments to)

Employer ID/Tax ID
Or Social Security #

Financial Institution (Name of Bank/Credit Union)

Bank Routing Number (9 digits at bottom left of check)

Account Number (shown after the routing number)

Account Type: Checking-attach void check Savings- attach deposit slip

Email Address:

SIGNATURE:

DATE:

Attach Voided Check Here (Required)

Be Sure to Attach W-9 (Required)

Please mail, e-mail or fax the completed forms to:

lucero@maikerhp.org or abarajas@maikerhp.org

Fax: 303-227-2098

Please contact the Housing Specialist assigned to the tenant for any other housing related questions or concerns.

HA use only:

Information received by HCV Department: _____

Information received and input by accounting: _____

Date: _____

Vender code _____