

Phenix City Housing Authority
Accounts Payable
200 16<sup>th</sup> Street, P.O. Box 338
Phenix City, AL 36868-0338

		THEMX	orcy, AL 3	,0000 0330	□New	Update
		Vendor Inform	ation			
Vendor Name						
Address						
City			State		ZIP	
Accounting/ACH Contact Name				Phone		
Email Address for Rem	ittance Advi	ice (**required)				
Further, I agree not to h incomplete information financial institution in d This agreement will rem institution or me or subr	supplied by mepositing fund ain in effect units a new dire	e or by my financial is ls to my account. Intil PCHA receives w ect deposit form to the	nstitution ritten notione Finance	or due to error ce of cancellati	on the pa	rt ofmy
		Banking Inform		b a alcin a	Cavrin	
Name of Bank Account			C	hecking	Savin	gs
Bank Routing Number*						
Bank Account #						
*Please provide the ni slip is invalid. <u>Submi</u> t	t a copy of a		<u>his form.</u> F	lease provide		
	`	Vendor Authori	zation			
Authorize Name/Title	(please print)					
Authorized Signature						
Date						
		FOR FINANCE O		T		
Date Prenote Comple	Date Received	i	Ven	ndor Number		