

## OWNER AUTHORIZATION FOR DIRECT DEPOSIT OF HOUSING ASSISTANCE PAYMENTS

Owner Name: \_\_\_\_\_

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### Section 1: Unit Information

Unit Information: \_\_\_\_\_  
Street Apt # City State ZIP

*Please Select One:*

☐ **Update.** Please check this box **if this unit has previously been part of the HCV program** and you would like to update your banking information for all units recorded under this Federal Tax ID. If checked, proceed to Section 2.

☐ **Add.** Please check this box if this is a **new unit** to the HCV Program. If checked, proceed to Section 2.

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### Section 2: Bank Account Information

Payee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I **hereby authorize** the Agency to initiate credit entries to my account.

Select One: ☐ Checking ☐ Savings

Please indicate below the financial institution where you wish the Housing Assistance Payments to be deposited:

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please attach a voided check (or a letter from the bank, on their letterhead, with the routing number, your account name, and account number) to this form.

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### Section 3: Authorization Confirmation

**This authorization is to remain in full force and effect until the Agency has received written notification from the owner/agent of its termination in such time and in such manner as to afford the Agency and the financial institution a reasonable opportunity to act on it.**

Owner Name: \_\_\_\_\_ Tax ID # or SS # : \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

**Valid identification is required to make direct deposit change.** You must verify the routing number with your bank prior to submitting for process