

DIRECT DEPOSIT AUTHORIZATION - AGREEMENT FOR DIRECT DEPOSIT (ACH CREDIT)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a voided check to: **HRHA - HCV S8 Program, 1 S Armistead Ave, Hampton, VA 23669, Attn: Wilma Tynes.**

Please check selection below:

New Enrollment

 Change Bank Account

 Cancel Authorization

Payee, accountholder, or an authorized person must complete the following and sign this request.

Payee Name: _____ E-Mail Address: _____
(Please Print Legibly) (Required)

Can we send your 1099 form through email? **Yes** **No**

Is this a Joint Account? **Yes** **No** Name of Joint Accountholder: _____

Name of Authorized Person: _____ Title: _____
(Please Print Legibly)

SSN or Federal Tax I.D. # _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: Home (____) _____ Office (____) _____ Cell (____) _____

Name of Financial Institution: _____ Account Number: _____

Bank Transit Routing Number: _____ Type of Account (check one): Checking Savings

(Note: If you have savings, contact your bank and ask what routing # to use, **do not** use the # on savings deposit slip.)

Please list name or address of one tenant: _____

- **Attach Voided Check Here**

I hereby authorize HRHA to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I authorize Hampton Redevelopment and Housing Authority (HRHA) and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if HRHA determines that eligibility is no longer met, and /or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that HRHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to HRHA by the financial institution. **The payee certifies compliance with the HAP Contract by accepting direct deposit. The payee also certifies that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

_____ Date _____ Signature of Joint Accountholder Date _____
 Signature of Payee or Authorized Person

For HRHA use only Vendor Number: _____ Date Entered: _____ By Whom: _____