



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**. Alternately email this completed form and an image or photo of a cancelled check to hcv@hrha.org.

Please check selection: Enrollment Change Bank Account Cancel Authorization
Payee, accountholder, or an authorized person must complete the following and sign this request.

Payee Name: _____ **Email Address:** _____
(Please Print Legibly) (Required)

Is this a Joint Account? Yes No

Name of Joint Accountholder: _____
(Please Print Legibly)

Name of Authorized Person: _____
(Please Print Legibly)

Title: _____ SSN or Federal Tax I.D. # _____

Address: _____
(Street) (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: Name: _____

Address: _____



Attach Voided Check Here

I hereby authorize Hampton Redevelopment and Housing Authority (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 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.**

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

FOR HRHA USE ONLY: Vendor Number:		Date Entered:		By Whom:	
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