DIRECT DEPOSIT AUTHORIZATION

Please complete this form and return it to Section 8.
Please attach a voided check from the account to be deposited
All information must match W-9 (if, applicable) currently on file with the Washington County Housing Authority

Please select one:

☐ Landlord / Owner ☐ Current HCV program participant ☐ HCV applicant ☐ Other Housing Authority- PHA Code _____

Part 1. Transaction Type

☐ New Account ☐ Change banking information

Part 2. Payee Identification

1. Name (print)		2. Tax ID (S.S.N or Employer identification number:	
3. Address	4. City	5. State	6. Zip Code
7. Home Number	8. Office Number	9. Cell Number	
10. Email			

Part 3. Financial Institution

11. Financial Institution Name	12. City, State and Zip Code
13. Routing Transit Number	14. Customer Account Number
15. Type of Account ☐ Checking ☐ Savings	

The following apps will not be accepted by the authority:

1. Venmo
2. Cash Apps
3. PayPal
4. Apple Cash
5. Google Pay
6. Zelle

Part 4. Authorization for Setup, Changes or Cancellation

I hereby authorized the Washington County Housing Authority to deposit payments by electronic funds transferred into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognized that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. In the event the WCHA must make an adjustment to recoup an overpayment of funds, the WCHA will make every attempt to notify you prior to the adjustment.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for any change in financial institution information.

Print Name _____ Authorized Signature _____ Date _____

EQUAL HOUSING OPPORTUNITY