

DIRECT DEPOSIT AUTHORIZATION FOR SECTION 8 LANDLORDS

Owner/Landlord Information Phone No. _____

New Direct Deposit:
Change of Information:

If you have your payment sent to someone else complete this section and see below.

Last Name First Initial

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Social Security Number

or

Street Address

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Federal Employer Identification Number

City State Zip

Email Address: _____

Agent Information (Person or Company who receives the payment on landlord's behalf):

If you represent multiple landlords, please attach a list of the landlords on whose behalf you receive payment from HHA.

Last Name or Company Name First Initial

Phone: _____

Street Address

City State Zip

Email Address: _____

Bank Information for Entity Receiving Payment from HHA:

Indicate type of bank account below:

Checking Account

Savings Account

Bank Name and Branch or Financial Institution

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Transit Routing Number (Bottom left side of check)

Street Address City State Zip

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Bank or Financial Institution Account Number

PLEASE LIST AT LEAST ONE ACTIVE TENANT:

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AUTHORIZATION FOR DIRECT DEPOSIT:

I hereby request the deposit of my entire Section 8 Housing Assistance Payment (HAP) check into the above-named account for every payment. I authorize Huntsville Housing Authority and SouthTrust Bank (Wachovia Bank as of 1/1/05) to withdraw any funds deposited into my account in error.

You must attach to this form a check with VOID written on the front of it.

This authorization is to remain in full force and effect until Huntsville Housing Authority has received written notification from the undersigned of a change in the above information in such time and in such manner as to afford the housing authority a reasonable time to act on it.

Authorized Signature

Date