

SECTION 8 HOUSING CHOICE VOUCHER DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

Individual/Company Name

_____-_____
Soc. Sec. or Tax I.D. #

(____) _____
Phone

Tenant Name (only need the name of one current tenant)

Email Address

I hereby authorize SPRINGFIELD HOUSING AUTHORITY to initiate automatic deposits to my account at the financial institution named below. I also authorize SPRINGFIELD HOUSING AUTHORITY to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold SPRINGFIELD HOUSING AUTHORITY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until SPRINGFIELD HOUSING AUTHORITY receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Section 8 Department.

This agreement **MUST** be submitted with Account Information, which is one of the following:

- Blank Voided Check Letter From Bank Confirming Account & Routing Number

ACCOUNT INFORMATION

Name of Financial Institution: _____

Accounting Number: _____

Routing Number: _____ Checking Savings

SIGNATURE

Authorized Signature (Primary): _____ Date: ____/____/____

Authorized Signature (Joint): _____ Date: ____/____/____

FOR SHA STAFF ONLY

Received By: _____ Date: ____/____/____

Submitted with Account Information: Yes No

Entered Into PHA Web: Yes No Date: ____/____/____