



Authorization Agreement for Direct Deposit (ACH Credits)

To implement direct deposit of Housing Assistance Payments (HAP), please return this completed form, along with a voided check or deposit slip (for savings account only) to:

Sanford Housing Authority-Housing Choice Voucher Program
P.O. Box 636
Sanford, NC 27331
Or fax to: 919-776-7657

NEW CHANGE DUPLICATE

I hereby authorize the Sanford Housing Authority Housing Choice Voucher Program to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name of Financial Institution: _____

Type of Account (check one) Checking Savings

City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Sanford Housing Authority Housing Choice Voucher Program has received written notification from one of its terminations in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it. **Acceptance of direct deposit of payments certifies compliance with the Housing Assistance Payment (HAP) Contract.** By accepting direct deposit of Housing Assistance Payments, the payee certifies that any units assisted under the Housing Assistance Payment (HAP) contract are in full compliance with said contract terms. With this authorization, Sanford Housing Authority Housing Choice Voucher Program may make adjustments, either credit or debit, to correct any errors associated with any previous HAP credit into the payee account.

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

Payee Name: _____
(Please Print Legibly)

Name of Authorized Person: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Office) _____ (Mobile) _____

E-Mail Address: _____

Check here to opt-in to electronic communications, including monthly statements, from the Sanford Housing Authority Housing Choice Voucher Program.

Authorized Signature: _____ Date: _____