## **DIRECT DEPOSIT AUTHORIZATION FOR SECTION 8 LANDLORDS**

| _              |   |                          | New Direct Deposit:  |
|----------------|---|--------------------------|--|
|                | andlord Information                     |                          | Change of Information:   |
| If you have    | your payment sent to sor                | neone else complete this | s section and see below.   |
|                |   |                          |  |
| Last Name      | or Company Name                         | First Initial            | - []]]]]]  |
|                |   |                          | Social Security Number   |
| Street Addı    | 220                                     |                          | or   |
| Street Addi    | <b>C</b> 33                             |                          | -  |
|                |   |                          | Federal Employer Identification Number   |
| City           | State                                   | Zip                      |  |
| Email Addr     | P66.                                    |                          | (Email address is required)  |
| Linaii 7 aai   |   |                          | (Email address is required)  |
| Agent In       | formation (If Person o                  | r Company receives the   | e payment on landlord's behalf):   |
|                |   |                          |  |
|                |   |                          | Phone:   |
| Last Name      | or Company Name                         | First Initial            | THORE.   |
|                | , ,                                     |                          |  |
| Ctroot A -lile | *************************************** |                          | <del>_</del>   |
| Street Addı    | ess                                     |                          |  |
|                |   |                          |  |
| City           | State                                   | Zip                      |  |
| Email Addr     | ess.                                    |                          | (Email address is required)  |
| Linaii Addi    |   |                          | (Email address is required)  |
| Bank Name      | e and Branch or Financial               | Institution State Zip    | Transit Routing Number (Bottom left side of check)   |
| Sireet Addi    | ess City                                | State Zip                |  |
|                |   |                          |  |
|                |   |                          | Bank or Financial Institution Account Number   |
|                |   |                          |  |
| PLEASE L       | IST AT LEAST ONE ACT                    | IVE TENANT:              |  |
|                |   |                          |  |
| ALITHODI       | ZATION FOR DIRECT                       | DEDOSIT:                 |  |
| AUTHORI        | ZATION FOR DIRECT                       | DEPOSIT.                 |  |
|                |   | payment. I authorize Hu  | B Housing Assistance Payment (HAP) check into the aboventsville Housing Authority and Wells Fargo to withdraw                    |
|                |   |                          |  |
| You m          | ust attach to th                        | nis form a chec          | ck with VOID written on the front of it.   |
| ,              | written notification from th            | e undersigned of a chan  | ect until Huntsville Housing Authority has received ge in the above information in such time and a reasonable time to act on it. |
|                |   |                          |  |
|                | Authorized Sign                         | ature                    |  |