

Direct Deposit Authorization Form

Housing Authority of the City of York Section 8 Program- Housing Assistance Payments

**** Please fill out if you are not yet on Direct Deposit, to make a change or new Landlord.
THE OWNER MUST SIGN THIS FORM AND IS AGREEING THAT THE ACCOUNT INFORMATION
BELOW IS THE ACCOUNT TO DEPOSIT THE HOUSING ASSISTANCE PAYMENTS. THIS WILL
REMAIN IN EFFECT UNTIL THE HOUSING AUTHORITY IS NOTIFIED IN WRITING TO THE
CONTRARY****

Please complete the following information exactly as stated in the Housing Assistance Payment Contract.
(PLEASE PRINT)

Tenant Name: _____

Part I: (Payee Information)

Owner SS # or ID #: _____

Owner(s) of Property: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Signature: _____ Date: _____

Email Address (Optional): _____

Agent Name: _____

Agent Address: _____ Phone: _____

Part II: (Banking Information)

New Direct Deposit Change

Agent Account

Owner Account

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

ABA/Routing Number: _____

Account Number: _____ () Checking or () Savings

"Si usted no entiende esta carta o formulario porque esta escrito en inglés, favor de comunicarse con la Autoridad de Vivienda con anticipación para servicios de interpretación."

Please verify numbers with your Financial Institution and double check numbers entered for accuracy!

Please Mail or Fax Completed Direct Deposit Authorization Form to:

**Housing Authority of the City of York
Attention: Accounting Department
York, PA 17403
Fax: (717) 854-1633 or (717) 845-9251**