



**AUTHORIZATION FOR DIRECT DEPOSIT**

To implement direct deposit of the Housing Assistance Payments (HAP), please complete and send this form, along with the completed W-9 and voided check or savings account deposit slip to: **Housing Authority of Fulton County (HAFC) Housing Choice Voucher Program – Finance Department.**

Date: \_\_\_\_\_

NEW ENROLLMENT

CHANGE OF BANK ACCOUNT INFORMATION

I hereby authorize the HAFC Housing Choice Voucher (HCV) Program to deposit my 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: \_\_\_\_\_ Account Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_ Type of Account (check one):  Checking  Savings

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if HAFC determines that eligibility requirements are no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that HAFC assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to HAFC by the financial institution. **The payee certifies compliance with the Housing Assistance Payment (HAP) Contract by accepting direct deposit. The payee also certifies that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

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

Payee Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Please Print Legibly) (Required)

Name of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Legibly)

SSN or Federal Tax I.D. # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: Office (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Signature of Owner or Authorized Person: \_\_\_\_\_

**PLEASE ATTACH A VOIDED BLANK CHECK TO THIS FORM**  
(Verification of routing and account number by your bank is encouraged)

**VOIDED CHECK**