

Direct Deposit (ACH) PERMANENT Authorization Agreement

(You must attach a voided check, or a written statement from your bank (on company letterhead) stating your bank account number and routing number. Complete ALL items. Incomplete forms will be returned for completion).

IMPORTANT: My signature below authorizes the Lorain Metropolitan Housing Authority to debit or credit the bank account listed in Part 4 for **EACH AND EVERY** current or future tenant I have participating in the HCV Program under the SSN or Fed ID number shown in Part 3 listed below. I understand that by authorizing this agreement, I am **FULLY** responsible for notifying the HCVP office **IN WRITING** should I decide to change **ANY** of the items listed. I further understand that I am completing this form voluntarily as an alternative to being required to complete a new Direct Deposit form for every Initial RFTA packet I complete, and that if I choose to do so, I can cancel this agreement by submitting a written statement of my intent, and that by cancelling this agreement I will be required to submit a Direct Deposit form for **EACH AND EVERY** tenant as I acquire them.

Part 1: Authorization Agreement for setup, Changes or Cancellation

I (we) hereby authorize the Lorain Metropolitan Housing Authority and the depository financial institution named below to initiate electronic credit entries, and if necessary, debit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Furthermore, I (we) agree not to hold the Lorain Metropolitan 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 authorization will remain in effect until written notice to terminate direct deposit is received by the Lorain Metropolitan Housing Authority. I (we) understand 60 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorized Signature	Printed Name	Date
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Part 2: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Type
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Payee Info

Part 3: Payee Identification

Payee Name		Daytime Phone #
Address		Alternate Phone #
City	State	Zip
Email Address		SSN or Fed ID:

Part 4: Financial Institution (Contact your financial institution for this information)

Financial Institution Name	Type of Account (SELECT ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
City	State	Zip
Routing Transit Number	Account Number	
CONFIRM Routing Transit Number	CONFIRM Account Number	

Housing Choice Voucher Program Direct Deposit

Important Information To Enroll In Direct Deposit

1. **Attach an original VOIDED check** for the checking account into which you would like the Housing Authority to deposit the funds. You may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account, you will need to obtain the correct "Routing Number" from your bank in writing, along with the savings account number and submit both with the enclosed authorization form.

The image shows a sample of a voided check. At the top right, the number '1001' is printed. Below it, there are fields for 'ART NAME', 'P.O. Box', 'City, State, ZIP', and 'Phone'. The 'PAY TO THE ORDER OF' field is followed by a dollar sign and a box for the amount. Below this, there are two boxes for routing and account numbers, each with a series of 'X's. The labels 'Routing Number' and 'Account Number' are printed below these boxes.

2. Please return the completed forms, together with your voided check to:
Lorain Metropolitan Housing Authority
Carol Langham / HCVP Assistant Manager
1600 Kansas Ave
Lorain OH 44052
3. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application. Please do not fax or email the forms.
4. It may take up to 3 weeks for your Direct Deposit Authorization application to be processed.

You must attach a voided check, or a written statement from your bank (on company letterhead) stating your bank account number and routing number. Complete ALL items. Incomplete forms will be returned for completion.