



# CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY



## DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDIT)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: **CRHA Housing Choice Voucher Program, 1468 S. Military Highway, Chesapeake, VA 23320, Attn: Stephanie Wright.**

Please make selection below:

NEW ENROLLMENT       CHANGE BANK ACCOUNT       CANCEL AUTHORIZATION  
Payee, accountholder, or an authorized person must complete the following and sign this request.

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

Is this a Joint Account?  Yes  No Name of Joint Accountholder: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE: A voided check showing the routing and account numbers must accompany this form.**

I hereby authorize Chesapeake Redevelopment and Housing Authority (CRHA) to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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 CRHA determines that eligibility is 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 CRHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CRHA by the financial institution. **The payee certifies compliance with the 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.**

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Accountholder or Authorized Person

\_\_\_\_\_  
Date

For CRHA use only Vendor Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_