Authorization for Direct Deposit

I certify I am the owner/representative of the assisted units(s) on the Housing Choice Voucher Program and the owner of the below account. I authorize The Greenville Housing Authority (TGHA) to initiate electronic transfers of Housing Assistance Payments, both credits and, if necessary, debit entries and adjustments for any credit entries in error. This authorization will remain in effect until TGHA receives written notice of account changes or termination of direct deposit. If I change or terminate this account without notifying TGHA in writing, I understand my assistance payments may be delayed. . I (We) acknowledge that the Authorization Agreement will remain in effect until I have (or either of us) cancel it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Name of Owner/Representative: _____

Mailing Address: _____

Phone Number: _____

❖ **Must match W-9 submitted**

Tax payer identification number _____ - _____ **Social Security Number** _____ - _____ - _____

Address of assisted unit: _____

☐ Checking Account
☐ Savings Account

❖ **Voided check (preferred) or deposit account information**

Routing Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

❖ For multiple assisted units, please attach a list of the assisted units with this request.

By signing below the property owner/representative, listed on the Authorization of Direct Deposit request form, understands and agrees that they are authorizing TGHA to disburse Housing Assistance Payments (HAP) electronically into the account listed on this form.

This Authorization Agreement shall remain in full force and effect until TGHA has received written notification from the owner/representative signatory named here of its intent to terminate in such time, 10-day notice, and in such manner as to afford TGHA and the Financial Institution a reasonable opportunity to act upon Authorization Agreement cancellation.

_____   _____
Signature   Date