



330 E. Main Street
P.O. Box 1726
Durham, NC 27701
(919) 683-1551
FAX: (919) 683-1237
TDD/TTY: (800) 545-1833 ext. 774
durhamhousingauthority.org
A Commitment to Quality Living

Authorization Agreement for
Direct Deposit (ACH Credits)

To implement direct deposit of Housing Assistance Payments (HAP), return this completed form, along with a voided check or deposit slip (for savings accounts only) to: Durham Housing Authority - Housing Choice Voucher Program, P. O. Box 1726, Durham, NC 27701 or fax to (919) 573-0810.

[] NEW [] CHANGE [] DUPLICATE

I hereby authorize the Durham Housing Authority Housing Choice Voucher Program to deposit my Housing Assistance Payments (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:

Type of Account (check one): [] Checking [] Savings

City: _____ State: _____ Zip: _____

Bank Transit Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Durham Housing Authority Housing Choice Voucher Program has received written notification from one of its terminations in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it. Acceptance of direct deposit of payments certifies compliance with the Housing Assistance Payment (HAP) Contract. By accepting direct deposit of Housing Assistance Payments, the payee certifies that any units assisted under the Housing Assistance Payments (HAP) Contract are in full compliance with said contract terms. With this authorization, Durham Housing Authority Housing Choice Voucher Program may make adjustments, either credit or debit, to correct any errors associated with any previous HAP credit into the payee account.

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

Payee Name: _____ (Please Print Legibly)

Name of Authorized Person: _____ (Please Print Legibly)

Title: _____ SSN or Federal Tax I.D. #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Office (_____) _____ Cell (_____) _____

* E-Mail Address:

[] Check here if you would prefer to receive communication from the Durham Housing Authority Housing Choice Voucher Program via e-mail.

Signature of Authorized Person: _____ Date: _____

Failure to provide all documentation will result in delay of processing your request

Pursuant to 18 USC1001 Whoever, in any manner within the jurisdiction of the executive, legislative, or judicial branch of government of the United States, knowingly and willfully (1) falsifies, conceals, or covers up any trick, scheme or devise a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and or Management Agents who violate this law may also be debarred from future participation in the Housing Choice Voucher Program.