



DIRECT DEPOSIT FORM

Authorization: New Direct Deposit Authorization Change Direct Deposit Authorization

PART 1: Payee Identification:

Payee Name: _____

Payee Email Address: _____

SSN/ Tax I.D. Number: _____ Payee Phone Number: _____

Payee Type: Owner Property Manager/Agent

PART 2: Financial Institution Information:

Name of Financial Institution: _____

Name on Account: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other

PART 3: Authorization

I authorize Charleston-Kanawha Housing Authority to deposit Section 8 Voucher housing assistance payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Signature: _____ **Date:** _____

NOTE: YOU MUST SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION (DEPOSIT SLIPS ARE NOT VALID)

ONLY Landlords participating in the CKHA HCV Program should submit this completed form to:

CKHA – Attn: Leased Housing Direct Deposit
1525 Washington Street West
Charleston, WV 25387
FAX 304-348-6455

