



CLEARWATER HOUSING AUTHORITY

DIRECT DEPOSIT AUTHORIZATION FORM

This form must be completed and returned to Clearwater Housing Authority (CHA) by the owner, landlord, or Public Housing Authority (PHA), hereinafter called the "Payee," in order to authorize the Direct Deposit of Housing Assistance Payments (HAP) to a designated Financial Institution, hereinafter called the "Depository." Failure to answer all questions and provide all documentation will result in the delay of processing your request.

PART 1: Transaction Type (check all that apply)

Form with checkboxes for New Setup, Change account number, Change Depository, and Change account type.

PART 2: Payee Information

Form with fields for Name, Phone Number, Alternate Phone Number, Owner Tax ID, Email Address, Street Address, City, State, and Zip Code.

PART 3: Depository Information (For further information, contact your financial institution)

Form with fields for Depository Name, City, State, Zip Code, Routing Transit Number, Account Number, and Type of Account (Checking/Savings).

PART 4: Authorization

Payee authorizes Clearwater Housing Authority (CHA) to deposit Housing Assistance Payments (HAP) by electronic transfer into the designated Depository and account number listed above. Payee understands that this authorization will remain in effect until CHA has received written notification from Payee of its termination in such time and such manner as to afford CHA and the Depository a reasonable opportunity to act upon it.

Payee authorizes CHA to recover HAP electronically deposited in error, by adjusting future HAP or debiting an amount equal to the erroneous deposit. Payee will be notified in writing by CHA if and when any adjustments will be made. Payee certifies that the Tax I.D. listed above corresponds to the number stated on the W-9 form and on record at CHA.

Signature of Payee: _____ Date: _____

PART 5: Mailing Instructions (faxed or emailed copies will NOT be accepted)

For checking accounts: Attach an original blank check marked "Void." For savings accounts: Attach a withdrawal/deposit slip that includes your name and account number.

Please attach this authorization form with your voided blank check or savings withdrawal/deposit slip to:

Clearwater Housing Authority
ATTN: HCV Program-New Landlord
28050 US Hwy 19 N, Suite 103
Clearwater, FL 33761