

DIRECT DEPOSIT AUTHORIZATION Authorization Agreement for Automatic Deposit (ACH Credits)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a **voided check or savings account deposit slip** to the Columbia Housing HCV Leasing Team P. O. Box 40070 Columbia, South Carolina 29240, Faxed to 803.256.9424 or Emailed: HCVLeasingTeam@chasc.org.

Owner Number _____

New Authorization Change in Authorization Termination of Authorization

_____ Payee/Owner Name (Please Print) _____ E-Mail Address

_____ Rental Property Address _____ City, State, Zip Code

I hereby authorize Columbia Housing Authority (CHA), to deposit my Housing Assistance Payments (HAP's) to my account at the financial institution named below.

Checking Account Savings Account

_____ Name of Bank

_____ Address _____ City, State, Zip Code

_____ Routing Number _____ Account Number

^ This authorization is to remain in force and effect until the Agency has received written notification from me of its termination in such time and in such manner as to afford the agency and the financial institution a reasonable opportunity to act upon it.

_____ Name of Authorized Person (Please Print) _____ SSN OR FEI Number

_____ Address _____ City, State, Zip Code

_____ Signature of Authorized Person or Owner _____ Date:

_____ Telephone Number _____ Cell Number