

Important Information to Enroll in Direct Deposit

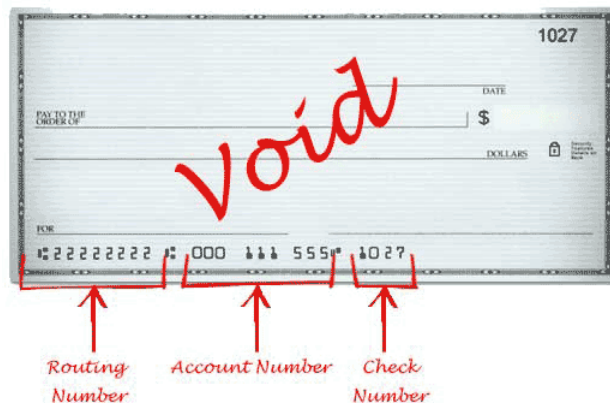
Dear **NEW** Landlord:

The CCHA submits all payments/refunds via Direct Deposit. In order to ensure timely payment processing please submit the required forms back as soon as possible.

INSTRUCTIONS:

1. Complete the Direct Deposit Authorization form. Enter all necessary information on the Authorization form (all owners and authorized signatories must sign). **Please do not omit any information. Please reference your most recent check stub for your Vendor Number.**
2. Attach an original voided check (photo copy, deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write “VOID” across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account, you will need to obtain the correct “Routing Number” from your bank, along with the savings account number, and submit both with the enclosed Authorization form.

Any information omitted on the authorization form will delay processing. Email address and phone number is required.



3. Return the completed authorization form, and voided checks along with your New Landlord packet forms to Landlords@hacc.org

****NOTE** – If you are a current Landlord wishing to change your EFT information, please log on to your Landlord Portal by clicking here: [Landlord Portal](#)



Direct Deposit/Automated Clearing House Authorization

Part 1: Authorization Agreement for Set Up, Changes or Cancellation

I (we) hereby request and authorize the Corpus Christi Housing Authority to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below.

Furthermore, I (we) agree not to hold the Corpus Christi Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my ac- counts. I understand that any unforeseen delay in computer downtime, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account, and hereby waive any liability due to such delay.

This authorization will remain in effect until written notice to terminate direct deposit is received by the Corpus Christi Housing Authority. I (we)

Understand 60 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorized Signature <u>(Required)</u>	Printed Name <u>(Required)</u>	Date <u>(Required)</u>
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Part 2: Transaction Type -

<input type="checkbox"/> New Set up <input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Account Type
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Part 3: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number, <u>Required</u>)		Vendor Number (Locate on Current Check Stub)	
Payee Name		Business Name (if any)	
Address	City	State	Zip Code
Daytime Telephone Number <u>(Required)</u>		Alternate Telephone Number	
Email Address <u>(Required)</u>			

Part 4: Financial Information

Financial Institution Name	Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City	State Zip Code
Routing Transit Number (Nine Digits, <u>Required</u>)	Account Number <u>(Required)</u>