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| --- | --- | --- |
|       | Direct Deposit Authorization or Change | ahfc_logo_large.jpg |
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Instructions:

1. This form may only be completed by the unit owner or a legally authorized agent/representative.
2. Fax, hand deliver, mail, or scan and email this form to your local AHFC office (see address above).
3. Staple or tape a voided check with the account information below. Please do not use a deposit slip; the routing number is often incorrect.
4. Complete one form for each property, or attach a list of properties to this form.

Property Information:

|  |  |
| --- | --- |
| Street Address | Apartment No. |
|       |       |
| City, State, Zip Code |
|       |

HAP Payee Information (Owner or Agent):

|  |  |
| --- | --- |
| Owner or Agent Name (Print or Type) | Telephone No. |
|       |       |
| Owner Business or Agent Contact Name  | Telephone No. |
|       |       |
| Mailing Address, City, State, Zip Code |
|       |
| Fax Number  | E-Mail Address (REQUIRED) |
|       |       |

**Attach a voided check here or attach a bank verification of routing and account numbers.**

|  |  |
| --- | --- |
| [ ]  Checking | [ ]  Savings |

I certify the above is true and correct. I understand that all future HAP for the above referenced property will be received as a Direct Deposit by Electronic Fund Transfer (allow two weeks for processing). I understand confirmation of payments will be transmitted to the email address listed above.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Owner or Authorized Agent Signature |  | Date |

For AHFC Use

|  |  |  |
| --- | --- | --- |
| Entered by | Date | Vendor No. |
|  |  |  |