

TERMS AND CONDITIONS FOR PARTICIPATING IN HOUSING CHOICE VOUCHER PROGRAM DHA - DIRECT DEPOSIT PROGRAM

As a participating Landlord in the **Housing Choice Voucher Program**, Direct Deposit of Housing Assistance Payments is mandated. This form authorizes DHA to deposit your Housing Assistance Payments (HAP) directly into your account at your financial institution.

The following are the terms and conditions for participating in the Direct Deposit Program.

- 1) Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Housing Authority Direct Deposit program.
- 2) You must complete this authorization form to enroll in the Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, both parties must sign the form. **You must also attach a pre-printed voided check or a letter or statement from your financial institution verifying both the routing and account numbers to the Direct Deposit Agreement form.** Once your form is received, there may be a 2-4 week administrative processing period before the enrollment will become effective.
- 3) All funds will be credited no later than the 5th day of each month. The deposit advice will be available on the Landlord Portal at www.denverhousing.org. This deposit advice verifies the direct deposit action and the HAP transaction details.
- 4) If an electronic transfer is returned to DHA or for any reason cannot be made to your account, DHA will investigate the cause and if necessary, will place your payment on hold until the issue is resolved.
- 5) It is your responsibility to notify DHA immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. All changes must be received by the 15th of the month prior to the month the direct deposit service is to be processed. There may be a 2-4 week administrative processing period before the changes become effective. If there is an interruption in the direct deposit service due to DHA's processing, you will receive checks for any HAP amounts owed to you during that time. Attach a pre-printed voided check to any change requests or other verification as specified above in paragraph 2.
- 6) You may change your deposit account information in the direct deposit program at any time by completing this form indicating the action is a CHANGE. The change will take effect as of the date you indicate or as soon as the form is received and processed by DHA, whichever is later.
- 7) Your financial institution or DHA may also cancel this agreement. The DHA reserves the right to automatically cancel your participation in the direct deposit program for violations of the HAP Contract or notification from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding this form, the direct deposit program or any electronic transfers to your account, please call 720-932-3046.

Housing Authority of the City & County of Denver Housing Choice Voucher Program DIRECT DEPOSIT AUTHORIZATION AGREEMENT

DHA Use Only:
Entity # _____
Date Entered: _____

HOW TO COMPLETE THIS FORM

1. Read the reverse of this form completely, making sure you understand the terms and conditions of the agreement.
2. Fill in all boxes below.
3. Sign and date the form & **attach preprinted** voided check. See example below.
4. If the account is not in your name alone, have the other account holder sign also.
5. Mail the form to: Denver Housing Authority – Section 8, PO box 40305, Denver, CO 80204-0305

Business Name

Last Name First Name MI

Tax Identification Number/Social Security number (Last Four Digits Only) Phone

Action **Effective Date**

New Change Cancel Month Day Year

Name of Financial Institution

Account Number (Include hyphens, but omit spaces and special symbols) Type of Account

Checking Savings

Routing Transit Number (all 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32) Ownership of Account

Self Joint Other

I certify that I have read and understand the back of this form. By signing this agreement, I authorize the Housing Authority of the City and County of Denver (DHA) to initiate credit to the account indicated above for the purpose of payment of Housing Assistance Payment (HAP) obligations. I also authorize DHA to initiate, if necessary, debit entries and adjustments to any HAP contract(s) for HAP overpayments or HAP errors.

Signature _____ Date _____
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.
Signature _____ Date _____

- TIP** Call your financial institution to make sure they will accept direct deposit
- TIP** Verify your account number and routing transit number with your financial institution
- TIP** Do not use a deposit slip to verify the routing number

JOHN or MARY PUBLIC 1234
123 Main Street
Your Town, CO 12345 _____20_____

PAY TO THE
ORDER OF _____ \$

Your Town Bank _____
Your Town, CO 12345

For _____

1 : 250000005 i : 234556789022 114

Routing Transit Number Account Number

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK