

DENVER HOUSING AUTHORITY (DHA)

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

As a participating Housing Provider 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. If you have a joint account, both parties must sign the form. A pre-printed voided check or a statement from your financial institution verifying both the routing and account number must be attached to this Direct Deposit Agreement form.
- 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. To report a change, please complete this form indicating the action as a CHANGE, and specify the new account information. See documentation requirements above under #2.
- 6) If there is an interruption in the direct deposit service due to DHA's processing, you will receive HAP via check.
- 7) Your financial institution or DHA may 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 electronic transfers, please call 720-932-3188.

For assistance with the Landlord Portal, please call 720-932-3026 or email S8Landlords@denverhousing.org.

**Housing Authority of the City & County of Denver
Housing Choice Voucher Program
(Administrative Processing Time is 2-4 Weeks)**

DHA Use Only: Entity # _____ Date Entered: _____
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**DIRECT DEPOSIT AUTHORIZATION AGREEMENT
HOW TO COMPLETE THIS FORM**

- Please see the terms and conditions accompanying this agreement
- Fill in all boxes below.
- Sign and date the form.
- Attach preprinted voided check.**
- If the account is not in your name alone, have the other account holder sign also.
- 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 _____
 XXX-XX-_____

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)

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 123 Main Street Your Town, CO 12345	_____ 20____	1234
PAY TO THE ORDER OF _____ \$		
Your Town Bank _____ Your Town, CO 12345		[]
For _____		
1 : 250000005 i : 234556789022 114		

Transit Routing Number	Account Number
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NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK