

DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a voided check to:

**Otsego Rural Housing Assistance, Inc.
Housing Choice Voucher Program
140 County Hwy 33W, Box 4
Cooperstown, NY 13326**



Please make sure that all information on this form is legible.

Part 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Cancellation (Leave Part 4 Blank)	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Number
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Part 2: Owner & Payee Identification

Owner Legal Name					
Owner/Company Tax ID (Social Security No. or Employer Identification No.)			Landlord ID# (if assigned)		
Name of Payee			Contact Name		
Fax Number		Primary Phone Number		Secondary Phone Number	
Street Address					
Payee Email					<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, DO NOT COMPLETE THIS FORM.

Please initial in the box to the right to indicate that you have read the above warning.
If you fail to initial here, direct deposit will not be approved.

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Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Otsego Rural Housing Assistance, Inc. and/or the New York State Housing Trust Fund Corporation to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow reasonable amount of time for initiating or terminating direct deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Title	Date

Part 4: Required Information

Financial Institution		<input type="checkbox"/> Individual/Consumer
Account Name		<input type="checkbox"/> Commercial (Corporation/Partnership/etc.)
Bank Routing Number		
Account Number		

Payment remittances can be viewed at: <https://apps.hcr.ny.gov/Section8Payments/default.aspx>

Please include a voided check with this form.

In reference to (any tenant of landlord)	HOH		Log		CM	
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