



## OWNER AUTHORIZATION FOR DIRECT DEPOSIT OF HOUSING ASSISTANCE PAYMENTS

Owner Name: \_\_\_\_\_ Vendor ID: \_\_\_\_\_

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### Unit Information

Unit Information: \_\_\_\_\_  
Street Apt # City State Zip

*Please Select One:*

- No Change** Please check this box only if this unit has previously been part of the HCV program and there are no banking updates.
- Update** Please check this box if this unit has previously been part of the HCV program and you would like to update your banking information for all units recorded under this Federal Tax ID, (If checked, complete information below).
- Add** Please check this box to add banking information if this unit is new to the HCV program, (If checked, complete information below).

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### Bank Account Information

Do not fill out this section if there is no change in Direct Deposit information.

Payee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I HEREBY AUTHORIZE the Philadelphia Housing Authority to initiate credit entries to my account.

*Select One:*  Checking  Savings

Please indicate below the Financial Institution where you wish the Housing Authority Payments to be deposited:

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please attach a copy of a valid government-issued photo ID and a voided check (or a letter from the bank, on their letterhead, with the routing number, your account name, and account number) to this form.

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### Authorization Confirmation

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PHILADELPHIA HOUSING AUTHORITY HAS RECEIVED WRITTEN NOTIFICATION FROM THE OWNER/AGENT OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PHILADELPHIA HOUSING AUTHORITY AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

Owner Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**VALID IDENTIFICATION IS REQUIRED TO MAKE DIRECT DEPOSIT CHANGE**  
YOU MUST VERIFY THE ROUTING NUMBER WITH YOUR BANK PRIOR TO SUBMITTING FOR PROCESSING