



# Newport News Redevelopment and Housing Authority

P.O. Box 797 Newport News, VA 23607

(757) 928-6060 or FAX (757) 247-6707

Email: cpowers@nnrha.org

## Direct Deposit Agreement Form For The HCV Program

### Authorization Agreement

I hereby authorize the Newport News Redevelopment and Housing Authority to initiate automatic deposits to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Further, I authorize the Newport News Redevelopment and Housing Authority and the financial institution below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit error to my account.

This authorization will remain in effect until the Newport News Redevelopment and Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Newport News Redevelopment and Housing Authority Housing Choice Voucher Program Department.

### Payee Information

Owner Tax ID (SS# or Employer Identification Number) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Transaction Type

New Setup  Cancellation  Change in Account Information

### Account Information

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

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

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

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**