

1. Please enter the name as it appears on your monthly Housing Assistance Payment (HAP) check. As well as your Tax ID Number or Social Security Number. Please also note who we may contact if there are any questions.
2. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
3. Fill in your account name, financial institution name and location, and date.
4. Attach either a voided check or deposit slip for verification of all financial institution information.

NOTE: PLEASE Be sure to sign the form!

 Authorization Agreement for Direct Deposits (ACH Credits)

Name (who payment is made out to) _____

Tax ID or Social Security Number _____

Contact Person: _____

I authorize The Housing Authority of the City of Loveland to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

___ checking account or

___ savings account

for monthly Voucher payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Name(s) _____ ID Number _____

Date _____ Signature _____