



## Authorization Agreement for Direct Deposit

Use this form to add, change or cancel a direct deposit. All changes must be in writing to the Housing and Redevelopment Authority no later than the 15<sup>th</sup> of the month before the desired month in which the direct deposit is to be processed. If there are more than 2 owners, complete an additional form. If you have more than one owner ID/account number, please complete one form for each account.

The Authority will endeavor to have funds credited no later than the 5<sup>th</sup> business day of the month. (Note: holidays excluded)

To set up a direct deposit you must:

- Provide a voided check from your account with your name and address imprinted on it. If checks are unavailable provide a letter from your bank on their letterhead that verifies your account information and routing numbers.
- Verify that your bank accepts direct deposit. Inquire if any special requirements are needed.
- Deposit slips will not be accepted.

Please check the appropriate box(s):

New Account       New Direct Deposit Account       Change Account       Cancel Account

Financial Institution (Bank) Name: \_\_\_\_\_

Bank Transit and ABA #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Account Type: (Please mark one of the following with an "X")     Checking Account     Savings Account

Note: The person(s)/business name and SSN/TIN to which the direct deposit is made will receive a 1099 from the LRHA at the end of the calendar year. Therefore, before a direct deposit can be made, the LRHA must have the person(s)/business W-9 on file.

**Certification:** The undersigned hereby certifies under penalty of perjury that all the information contained in this document and in any Housing Assistance Payment Contract between the Lynchburg Redevelopment & Housing Authority and the undersigned is current, accurate and correct. By accepting any direct deposit, the undersigned recertifies that it is in compliance with all terms of its Housing Assistance Payment Contracts with the Lynchburg Redevelopment & Housing Authority, and that all information submitted by the undersigned with respect thereto either remains accurate or has been accurately updated. § 18, U.S.C 1001 makes it a federal crime punishable by a fine and up to five years imprisonment to falsify the above certifications. Furthermore, making a false certification is punishable as larceny under § 18.2-178 of the Code of Virginia. Any person making a false certification to the Lynchburg Redevelopment & Housing Authority for the purpose of obtaining a Housing Assistance Rental Payment will be prosecuted to the fullest extent of the law.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal Tax # \_\_\_\_\_

**\*\*\*ACCOUNTING USE ONLY\*\*\***

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Month/Year: \_\_\_\_\_ Actual Direct Deposit Month/Year: \_\_\_\_\_



**We Do Business In Accordance With the Federal Fair Housing Law**

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**NOTE: Please list ALL Tenants on the Section 8 Housing Choice Voucher Program**

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_