



# HARRISBURG HOUSING AUTHORITY

Housing Choice Voucher Program

Governor's Plaza North

2101 N. Front Street #3-101

Harrisburg, PA 17110

## Authorization for Direct Deposit of Housing Assistance Payment

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Name of Owner or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

SSN or TIN#: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby authorize the Harrisburg Housing Authority, herein after referred to as HHA, to deposit the Housing Assistance Payment (HAP) that is due to me into my check/savings account with the financial institution indicated below. If a debit or credit adjustment is necessary, it will be done with the first of the month deposit with prior notification from the HHA.

**Please attach a "VOID" check with this Direct Deposit form!**

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

Branch: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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This authorization is to be in effect until the HHA receives written notification from me of its termination in such time and manner to afford the HHA and the financial institution reasonable time to act on it.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

- \* It is **REQUIRED** that you attach a "VOID" check for the checking account to confirm the account and routing numbers.
- \* In the event that your account changes, please inform the HHA **immediately**, so as to ensure payment into the proper account.