



Authorization Agreement For Direct Deposit of Housing Assistance Payments

Attach a copy of a valid government issued photo ID and a void check (or a bank's letter, on their letterhead, with the routing number, your account name, and account number).

Add OR Update
(Please check above as applicable)

Bank Account Holder: Telephone:

I HERBY AUTHORIZE the Philadelphia Housing Authority, hereafter referred to as PHA, to initiate credit entries to my account.

Select One: Checking Savings

Indicated below at the depository financial institution named below, referred hereinafter as depository and to credit the same to such account.

Depository Name: Branch:
 City: State:
 Routing:* Account

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL PHA HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD PHA AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

Account Holder: Fed tax ID #:
 Date:

Signature: _____

VALID ID IS REQUIRED TO MAKE DIRECT DEPOSIT CHANGE.

YOU MUST VERIFY THE ROUTING NUMBER WITH YOUR BANK PRIOR TO SUBMITTING FOR PROCESSING

*ROUTING INFORMATION CAN BE FOUND ON THE BOTTOM OF YOUR PERSONAL CHECK, PRECEDING YOUR ACCOUNT NUMBER, OR ON THE BANK'S LETTER.

RETURN TO: The Philadelphia Housing Authority
 HCV Program Payment Department
 2850 Germantown Ave.
 Philadelphia, PA 19133