



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 HEREBY 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 #: _____

Signature: _____ Date: _____

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, PRECEEDING YOUR ACCOUNT NUMBER, OR ON THE BANK'S LETTER.

RETURN TO: The Philadelphia Housing Authority
 HCV Program Payment Department
 642 N. Broad Street, 6th Floor
 Philadelphia, PA 19130