



HCV / SECTION 8 PROGRAM ACH / DIRECT DEPOSIT AUTHORIZATION

NOTE: All information is required. Please type or print clearly.

PART 1: Payee Identification

Payee Name		Payee Type <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager / Agent		
Payee E-mail Address		Payee Phone Number (with area code)		Type <input type="checkbox"/> Work <input type="checkbox"/> Home
Street Address	City	State	Zip Code	

WARNING: Federal law prohibits HOC from processing international ACH transactions (IAT). If any payment to you from HOC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning.
If you fail to initial here, direct deposit will not be approved.

PART 2: Financial Institution Information

Name of Financial Institution	Account Number
Name on Account	Account Type <input type="checkbox"/> Individual / Consumer <input type="checkbox"/> Commercial (Corporation, Partnership)
Nine Digit Routing Number <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	

PART 3: Authorization

I authorize HOC to deposit HCV / Section 8 housing assistance payments by electronic funds transfer (ACH) into the above-referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until HOC receives written notice to terminate.

Authorized Signatory	Title	Date
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NOTE: YOU MUST SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION