



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: (573) 443-2556 ♦ TTY: (573) 875-5161 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

Attention: Landlords, Property Owners and Agents

Columbia Housing Authority, has implemented direct deposit of our Housing Assistance Payments (HAP). This method of payment is beneficial to our landlords and reduces the cost of printing and mailing manual checks. We have worked with our software company to set up a website for all landlords that will allow you to securely log in to check the status of your payments and your payment history for the past eighteen months.

Some of the benefits of direct deposit include:

- **Timely electronic deposit of your monthly HAP check to your account;**
- **Immediate availability of funds from your HAP check on the payment date;**
- **Reduced risk of check fraud and lost or stolen checks**
- **Saves time – no need to go to the bank or ATM to deposit**
- **Our secure HMS PAL website to check your payment history**

Columbia Housing Authority will deposit payments directly into your checking or savings account no later than the fifth business day of each month. Please be sure that the funds have been deposited before making any withdrawals. Columbia Housing Authority will not be responsible for any fees incurred. Please visit our HMS PAL website www.hmsforweb.com/pal to set up a secure log in and password. We also have alternate methods to allow for notification of payment if you do not have access to the internet, all you have to do is give us a call.

To set up your direct deposit payment, you must complete the enclosed form and attach a **VOIDED CHECK** or **SAVINGS ACCOUNT DEPOSIT SLIP** for the account where you wish to have the payment deposited. Submit the completed form in person or mail to:

Columbia Housing Authority
Attn: Sandi Epple
201 Switzler Street
Columbia, MO 65203

We thank you in advance for your assistance in an efficient transition to direct deposit. If you should have any questions regarding this matter or wish to speak to someone please contact Sandi Epple at (573)443-2556 ext. 1312 or by email at sepple@columbiaha.com. Please be sure to write "HAP Direct Deposit" in the email subject line to ensure prompt receipt of your email.



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY: (573) 875-5161 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

To implement direct deposit of Housing Assistance Payments (HAP), return this completed form, along with a **VOIDED CHECK** or **SAVINGS ACCOUNT DEPOSIT SLIP** to:

Columbia Housing Authority
Attn: Sandi Epple
201 Switzler Street
Columbia, MO 65203

Date: _____

- NEW ENROLLMENT
- CHANGE FINANCIAL INSTITUTION
- CHANGE ACCOUNT NUMBER
- CANCELLATION

I hereby authorize the Columbia Housing Authority (CHA) to deposit my Housing Assistance Payments by initiating credits to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

Type of Account (check one): Checking Savings

Name of Financial Institution: _____ Routing Number: _____

Name on Bank Account: _____ Account Number: _____

City where Bank is located: _____ State: _____ Zip Code: _____

This authorization is to remain in full force and effect until CHA has received written notification from me of its termination in such time and in such manner as to afford CHA and the financial institution a reasonable opportunity to act upon it. CHA may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. The payee certifies that the unit(s) assisted under the Housing Assistance Payment Contract is in full compliance with the terms of the contract.

Payee or an authorized person must complete the following and sign this request.

Signature: _____ Date: _____

Printed Name: _____ TAX ID #/SSN: _____

Daytime Phone: _____ Email Address: _____

Your direct deposit request will be processed as soon as an approval is granted by your financial institution. This process can take up to thirty (30) business days upon receipt of your completed forms. All changes must be in writing to CHA no later than the 25th of the month before the desired month in which the direct deposit is to be processed, e.g. if you mail your direct deposit authorization by May 25, your account will be pre-noted (tested and verified) in June and your direct deposit will begin with your July HAP payment.