



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: Finance Department
201 Switzler Street
Columbia, MO 65203

Date: _____

Property Owner: _____

Property Management Company (if applicable) _____

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.