

**ABINGDON REDEVELOPMENT & HOUSING AUTHORITY**

**SECTION 8 – HOUSING CHOICE VOUCHER PROGRAM**

**DIRECT DEPOSIT**

**IMPORTANT INFORMATION**

**Please return Authorization Agreement form**

1. Complete the Authorization Agreement for Automatic Bank Deposit form on the second page of this letter. Enter all necessary information on the Authorization form (all Owners or Authorized Signatures must sign.) Please do not omit any information.
2. Attach an original voided check for the checking account into which you would like the Housing Authority to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. For deposits to savings accounts, please ensure that you enter the routing number and account number correctly.
3. Please return the completed form, together with your voided check, to the Abingdon Redevelopment & Housing Authority, 464B Box 9, East Main St., Abingdon, VA 24210. If you have any questions, please call (276) 628-5661.
4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 30 days for your Automatic Bank Deposit application to be processed.
6. By acceptance of the funds through automatic deposit, the owner(s) certifies that to the best of his/her knowledge the dwelling unit is in Decent, Safe and Sanitary Condition; the contracting family is in the unit and is expected to be there for the entire month; the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP Contract; and all other facts and data on which this amount is based are true and correct.

**Anyone submitting fraudulent information is subject to fine or imprisonment, or both. Title 18 U.S.C. 1001**

**ABINGDON REDEVELOPMENT & HOUSING AUTHORITY  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I/We hereby authorize Abingdon Redevelopment & Housing Authority, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our designed account.

Date \_\_\_\_\_

Select one only       Checking account       Savings Account

Bank Name (print) \_\_\_\_\_

Bank Routing Number 

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Account number 

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Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Print Name (Authorized Signatory) \_\_\_\_\_ Telephone # \_\_\_\_\_

Payee Name \_\_\_\_\_ Owner #: \_\_\_\_\_

For verification please provide one unit address or tenant name \_\_\_\_\_

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Written notification of all changes must be submitted to Abingdon Redevelopment & Housing Authority at least thirty days prior to payment date. If you change your current address or bank account number, please update your changes with Abingdon Redevelopment & Housing Authority by mailing the appropriate forms to 464B, Box 9, East Main St., Abingdon, VA 24210.

**Attach voided check here with tape**