



Newport News Redevelopment and Housing Authority

P.O. Box 797 Newport News, VA 23607
(757) 928-6060 or FAX (757) 247-6707

Direct Deposit Agreement Form For The HCV Program

Authorization Agreement

I hereby authorize the Newport News Redevelopment and Housing Authority to initiate automatic deposits 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.

Further, I authorize the Newport News Redevelopment and Housing Authority and the financial institution below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit error to my account.

This authorization will remain in effect until the Newport News Redevelopment and Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Newport News Redevelopment and Housing Authority Housing Choice Voucher Program Department.

Payee Information

Owner Tax ID (SS# or Employer Identification Number) _____

Name _____

Address _____

Phone Number _____ Email _____

Transaction Type

New Setup Cancellation Change in Account Information

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

PLEASE ATTACH A VOIDED CHECK