



# HOUSING ASSISTANCE PAYMENTS DIRECT DEPOSIT AUTHORIZATION FORM

Please complete, sign and return this form along with a voided check to HOM, Inc. We will process your request and notify you in writing once we have completed the direct deposit transaction. Thank you.

### OWNER / PROPERTY IDENTIFICATION

Community / Marketing Name	Street Address of Property - Physical Location of Unit(s)
Owner/Taxpayer Name (Not the management comp, if applicable)	Owner Tax ID (Social Security or Employer Identification Number)

### PLEASE CHECK THE APPROPRIATE TRANSACTION TYPE

<input type="checkbox"/> New Agreement	<input type="checkbox"/> Change of Account	<input type="checkbox"/> Cancel Agreement
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### CONTACT INFORMATION FOR PAYMENTS

Contact Name		Title		
Phone Number	Fax Number	E-Mail: <b>REQUIRED</b> (Itemization of payments will be sent to this address)		
Mailing Address		City	State	Zip Code

### FINANCIAL / PAYMENT INFORMATION *Please do not use the routing number from a deposit slip as it is not the correct routing number. \*\* Attach a Scanned VOID CHECK \*\**

Financial Institution Name	Payee Name (As it appears on bank account)		
Address and/or Branch	City	State	Zip Code
Routing/Transit Number (Do not use the number on the deposit slip!)	Account Number		
Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Depository	<b>Space Below for HOM Use Only</b>		

### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize HOM, Inc. to deposit Housing Assistance Payments (HAP) by electronic funds transfer (EFT) into the account with the Financial Institution indicated above. I understand that, if I fail to provide accurate and complete information on this authorization form, the processing of my payments may be delayed.

This authority is to remain in full force and effect until HOM, Inc. has received written notice to terminate this authorization. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Date
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