



DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE, Washington DC 20002

Tyrone Garrett, Executive Director

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FORM

To sign up for direct deposit to receive Housing Assistance Payments (HAP), complete this form and attach a completed W-9 form and voided check, letter from your financial institution, or savings account deposit slip. Return all documents to DCHA Housing Choice Voucher Program at 1133 North Capitol Street, NE, Ste. 100, Washington DC 20002 or submit through the HCVP Owner Portal.

Please select the action that best applies to this transaction:

- I am a new owner/agent and want to set up a new direct deposit account with DCHA.
I am an existing owner/agent who would like to replace a previous direct deposit account with a new direct deposit account with DCHA.
I am an existing owner/agent and would like to continue to use the direct deposit account already on file.
I am canceling a direct deposit account set up with DCHA.

I hereby authorize the DCHA Housing Choice Voucher Program to deposit my Housing Assistance Payments (HAP) 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.

Date: Owner Number (from HAP Check Stub):

Name of Financial Institution:

Routing and Transit Number: Account Number:

Type of Account (check one): Checking Savings

Payee Name: SSN or Federal Tax I.D. #:

Name of Authorized Person:

Email Address:

Address: City: State: Zip Code:

Telephone: Office Cell

Signature of Owner or Authorized Person: X

Failure to answer all questions and provide all documentation will result in delay of processing your request.

I certify that I am entitled to the payment identified above that I am in compliance and are following all rules and regulations that accompany these payments in accordance with my Housing Assistance Payment (HAP) contract as provided by DCHA HCV program. I acknowledge that DCHA HCV program reserves the right to make payments and/or deduct any payments made to me in error to my account designated above. Pursuant to 18 U.S.C. 1001, it is a crime to knowingly and willfully: 1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; 2) makes any materially false, fictitious, or fraudulent statement or representation; or 3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and Management Agents who violate this law may also be debarred from future participation in the HCV program.

Information requested on this form is used by the HCV program for the purpose of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agent or any law by an employee or agent of DCHA will result in penalties, fines and termination.