



**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
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Changing lives one key at a time

SECTION 8/HOUSING CHOICE VOUCHER PROGRAM DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

Landlord Name Soc. Sec. or Tax I.D. # ()

Landlord Phone

Tenant Name (only need one current tenant's name) E-mail address

I hereby authorize SPRINGFIELD HOUSING AUTHORITY to initiate automatic deposits to my account at the financial institution named below. I also authorize SPRINGFIELD HOUSING AUTHORITY to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold SPRINGFIELD HOUSING AUTHORITY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until SPRINGFIELD 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 Section 8 Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Accounting Number: _____

Routing Number: _____

Checking Savings

SIGNATURE

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please Return to the Section 8 Department With Voided Blank Check OR
Letter from Bank Confirming Account and Routing Number**

