PERRY METROPOLITAN HOUSING AUTHORITY

LANDLORD/TENANT DIRECT DEPOSIT AUTHORIZATION FORM
SECTION 8 - HCV PROGRAM

Landlord/ Tenant business Name: _____SSN/TIN: _____

Financial Institution: _____

Location: _____

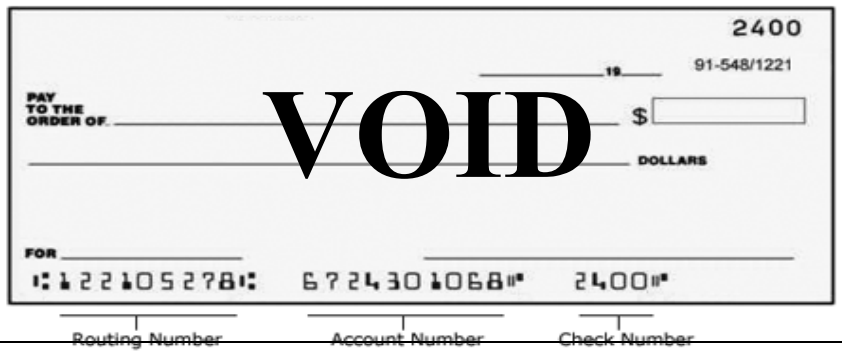
Type of Account: _____ Checking _____ Savings

ABA Routing Number (9 digits): _____

Account Number: _____

Email for Payment Confirmation: _____

Attach check here:



Submit completed form to: Perry Metropolitan Housing Authority
26 Brown Circle Drive
Crooksville, Ohio 43731

LANDLORD/TENANT BUSINESS AUTHORIZTION

By signing this direct deposit authorization form below you are agreeing to the following:

- I authorize PMHA and the bank listed above to deposit my HAP/Utility payments into my bank account unless I am canceling a previously authorized direct deposit.
- If funds to which I am not entitled are deposited into my account, I authorize PMHA to direct the bank to return said funds to PMHA.
- I understand that it is my responsibility to ensure that my HAP/Utility payments are being deposited correctly into my account.
- I understand that I am responsible to inform PMHA of any changes to my bank and/or account information prior to disbursement.
- I understand that I am responsible to pay any bank fees that are accessed to PMHA for any returned payments. Example: Closed Account.

Landlord/Tenant Signature: _____ Date: _____