

AUTHORIZATION FOR DIRECT DEPOSIT

Baltimore Housing Mobility Program

THE BALTIMORE REGIONAL HOUSING PARTNERSHIP WILL ISSUE HOUSING ASSISTANCE PAYMENTS BY DIRECT DEPOSIT ONLY. TO SIGN UP FOR DIRECT DEPOSIT, THE PAYEE MUST FILL IN THE INFORMATION REQUESTED AND ATTACH A BLANK VOIDED CHECK TO THIS FORM.

Authorization Status

New Change

Payee Information

Payee Name

Address

City

State

Zip Code

Social Security # or Federal Tax ID

Phone

Cell Phone

Email

Property Information

Rental Property Address

City

State

Zip Code

Financial Institution Information

Name

Address

City

State

Zip Code

Type of Account Checking Savings

9 Digit Routing Number

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|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

Account Number

ATTACH CHECK HERE

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

VOID

! 999888 777 ! 00123456789 ! 123

Routing Number Account Number Check Number

Cancellation

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to BRHP in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it, or by the death or legal incapacity of the payee. Upon cancellation by the payee, the payee should notify the receiving financial institution that they are doing so. The financial institution may cancel the agreement represented by this authorization by providing the payee a written notice in advance of the cancellation date. The payee must immediately advise the BRHP if the financial institution cancels the authorization.

Changing Receiving Financial Institution

The selected financial institution will continue receiving the payee’s direct deposit, until the payee notifies BRHP regarding a change of financial institution for direct deposit. To effect this change, the payee will complete a new AUTHORIZATION FOR DIRECT DEPOSIT form. The change shall take effect in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it.

False Statements or Fraudulent Claims

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five years or both for presenting a false statement or making a fraudulent claim. **BRHP may debar an owner or management agent who violates this law from future participation in the Program.**


Authorization

I hereby authorize BRHP to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Acceptance of direct deposit of payments certifies compliance with the HAP contract. By accepting direct deposit of Housing Assistance Payments, the payee certifies that any unit(s) assisted under the HAP Contract is in full compliance with contract terms.

Required Signature

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize BRHP to send my payment to the financial institution named above for deposit to the designated account.

 _____
Signature of Authorized Person Date

