

**DIRECT DEPOSIT ENROLLMENT
LEASED HOUSING SECTION 8**

**NEW YORK CITY HOUSING AUTHORITY
ACCOUNTING & FISCAL SERVICES**

Please attach a voided check or a recent bank statement

Please check one of the options: New Enrollment, Cancellation or Change; Check all that apply within change

New Enrollment	Cancellation	Change (s)	Account Name	ABA* Number	Account Number	Checking Account	Saving Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 thru 5	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

SECTION 8 VENDOR ENROLLMENT INFORMATION OR CHANGES

NAME OF OWNER **VENDOR #**

ADDRESS **CITY** **STATE** **ZIP CODE**

E-MAIL ADDRESS

Person(s) named as signatory to the account (PRINT EXACTLY-Include Trustee or Joint Owner)

1) 2)

ABA NUMBER*

ACCOUNT NUMBER **

ACCOUNT TYPE (CHECK ONE ONLY) Savings Checking

ABA BANK NUMBER:

Checking Accounts - The ABA number is the first nine (9) numbers prior to the account number in the bottom left corner of the check.

Savings Accounts - Contact your bank for ABA number, if not known.

SECTION 8 VENDOR AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the New York City Housing Authority to deposit housing assistance payments directly into my checking or savings account. I also grant authorization for the reversal of a credit to my account, if the credit was made in error. I understand that, under the National Automated Clearing House Association's operation guidelines and rules, NYCHA can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to NYCHA a written cancellation to terminate the direct deposit service. I hereby affirm to the accuracy of all the information stated on this form.

Signature _____ Date _____

Work Tel. # _____ Home Tel. # _____

SECTION 8 VENDOR AUTHORIZATION FOR CANCELLATION

I HEREBY AUTHORIZE THE NEW YORK CITY HOUSING AUTHORITY TO CANCEL MY DIRECT DEPOSIT AGREEMENT

Signature _____ Date _____

***** **SECTION 8 USE ONLY** *****

APPROVED DISAPPROVED Reason(s) for disapproval _____

MANAGER (Print & Sign) TELEPHONE # DATE

***** **ACCOUNTS PAYABLE ONLY** *****

Effective Date Expiration Date

PREPARED BY (PRINT NAME) DATE

REJECTION REASON STATUS

INSUFFICIENT DATA

INCOMPLETE FORM

INVALID APPLICATION

