


AS NOTED IN THE ENCLOSED LETTER DATED DECEMBER 1, 2009, THE MCHA IS REQUIRING HOUSING ASSISTANCE PAYMENT TO LANDLORDS VIA DIRECT DEPOSIT ONLY.

TO REGISTER FOR THE DIRECT DEPOSIT PROGRAM, PLEASE COMPLETE THIS FORM AND RETURN IT TO:
MONTGOMERY COUNTY HOUSING AUTHORITY
ATTN: DIRECT DEPOSIT PROGRAM
104 W. MAIN STREET, SUITE 1
NORRISTOWN, PA 19401

ATTACH A VOIDED CHECK HERE FOR THE ACCOUNT – NOT A DEPOSIT SLIP.

If depositing to a savings account, ask your bank to provide the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete this form can be found:

DATE _____		101
PAY TO THE ORDER OF _____		\$ _____
		_____ DOLLARS
 BANK NAME 1221 Main Street Anywhere, US 10001		
FOR _____		
⑆74894934⑆	6793868122⑈	0101⑈
Routing/Transit # (A 9-digit number always between these two marks)	Checking Account # (Always between these 2 marks)	

AUTHORIZATION FOR DIRECT DEPOSIT

Print Landlord Name: _____ Social Security No.: _____ - _____ - _____ OR

Tax ID No.: _____ - _____ - _____

I hereby authorize the Montgomery County Housing Authority (hereinafter "Housing Authority") to deposit any amounts owed me by credit entries to my account(s) at the financial institution (hereafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Housing Authority to my account. Accepting the Direct Deposit verifies assisted tenant in unit. In the event that the Housing Authority deposits funds erroneously into my account, I authorize the Housing Authority to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Housing Authority and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Housing Authority and the Bank reasonable opportunity to act on it. I understand that nothing contained in this authorization shall require the Housing Authority to make any payments to me and that the program regulations and the Housing Assistance Payments Contract govern under what circumstances Housing Assistance Payments are paid.

ACCOUNT INFORMATION

Landlords will be able to change Account Information up to two times per calendar year with no charge. There will be a \$100.00 processing fee after the second change within a calendar year.

Name on Account: _____

Name of Bank: _____

Routing/Transit No: _____ () Checking () Savings

Account No: _____ () Bank/Account change

Email Address: _____

X _____
Signature of Landlord

Date