



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

MHA requires all participating property owners in the HCV Program to complete the form below and return to our office. All Regular Rent Payments will be made by direct deposit. Therefore, it is mandatory that your information is received, because no paper check will be mailed.

The Direct Deposit will be sent to your banking and a detailed statement emailed on the first business day of each month. Your deposit will be available no later than the 5<sup>th</sup> business day of each month.

### To Sign up for direct deposit:

1. Please complete the information below and return this form along with a "Void" Check to 100 S. Arch, Little Rock 72201 or email to [mjohnson@mhapha.org](mailto:mjohnson@mhapha.org) or send by fax to (501)340-4714. Make and keep a copy of the completed form for your records
2. There may be a **30 day processing period** before actual dollars can be transmitted into a new or changed account. MHA is committed to change or update your account data as rapidly as possible.

### To make changes for direct deposit:

1. Follow the instructions above
2. The payment will continue to be deposited into the old account until the new account has been set up and tested.

If you have any questions regarding the completion of the Direct Deposit Form please contact Minnie Johnson at (501) 340-4821.

### Direct Deposit Sign-up/ Change Form

<input type="checkbox"/> <b>New Account</b> <input type="checkbox"/> <b>Owner</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Agent</b>
<b>Company/Agent Name</b> _____	
<b>Employer Identification Number (EIN)</b> _____	
<b>Social Security #</b> _____	
<b>Owner/Agent Address</b> _____	
<b>City, State, Zip</b> _____	
<b>Owner/Agent Phone Number (     )</b> _____	
<b>Management Company Name (if applicable):</b> _____	
<b>Email Address</b> _____	
<b>Please check only one of the choices below:</b>	
<input type="checkbox"/> Deposit my housing assistance payment into my <b>Checking Account</b>	
<input type="checkbox"/> Deposit my housing assistance payment into my <b>Savings Account</b>	
<b>Bank Name</b> _____ <b>Account Number</b> _____	
<b>Bank Routing (ABA) Number:</b> _____	
<b>I, _____, authorize Little Rock Housing Authority to deposit my Housing Assistant Payment (HAP) into the above bank account and initiate, if necessary, debit entries in case of an error.</b>	
_____ <b>Signature of Authorized Owner/Agent</b>	_____ <b>Date</b>
Please list address(es) for leased HCV units.	
_____	_____
_____	_____
_____	_____