



Housing Authority of Kansas City, Missouri
 920 Main Street, Suite 701
 Kansas City, Missouri 64105

Office: (816) 968-4100
 E-mail: ownerforms@hac.org
www.hac.org

Authorization for Direct Deposit

I certify I am the owner/representative of the assisted units(s) on the Housing Choice Voucher Program and the owner of the below account. I authorize the Housing Authority of Kansas City, Missouri to initiate electronic transfers of Housing Assistance Payments. This authorization will remain in effect until HAKC receives written notice of account changes or termination of direct deposit. If I change or terminate this account without notifying HAKC in writing I understand my assistance payments may be delayed. This authorization may be discontinued only by written request, or automatically following termination of assistance of all units on the program.

Name of Owner/Representative: _____

Mailing Address: _____

Phone Number: _____

❖ **Must match W-9 submitted**

Tax payer identification number _____ - _____ **Social Security Number** _____ - _____ - _____

Address of assisted unit: _____

Checking Account
 Savings Account

❖ **Attach voided check or deposit account information**

Routing Number:

Account Number:

❖ For multiple assisted units, please attach a list of the assisted units with this request.

By signing below the property owner/representative, listed on the Authorization of Direct Deposit request form, understands and agrees that they are authorizing the Housing Authority of Kansas City Missouri (HAKC) to disburse Housing Assistance Payments (HAP) electronically into the account listed on this form.

Signature

Date