Housing Authority of Kansas City Missouri

Authorization for Direct Deposit

I certify I am the owner 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: _____

Address: _____

Phone Number: _____

Must match W-9 submitted by owner

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

To establish an electronic transfer account, please provide the following:

Address of assisted unit: _____

Checking Account: **VOIDED CHECK** from the financial institute funds are to deposited to
Savings Account: **DEPOSIT SLIP** from the financial institute funds are to be deposited to

Attach voided check or deposit slip here: Please check ( ) if changes to current DD authorization

Only one account will be established for an owner and must be the owners account. All funds for all units assisted will be deposited into this account. Return this form to:

Housing Authority of Kansas City Missouri
HCV Program Owner Specialist
920 Main Street, Suite 701
Kansas City, Missouri 64150

This form must be filled out and signed by the owner of the assisted units. If filled out and submitted by anyone other than the owner, the Direct Deposit account will not be established.

_____

Signature of Owner Date