

LEHIGH COUNTY HOUSING AUTHORITY
DIRECT DEPOSIT/EMAIL NOTIFICATION FORM OF HAP PAYMENTS

OWNER'S NAME: _____ LCHA SYSTEM OWNER # _____

I. ACTION

- New Enrollment
- Change/Update Enrollment
- Termination of Enrollment

II. OWNER INFORMATION

Social Security # _____ OR EIN/Tax ID # _____

III. BANKING INFORMATION (Please submit a copy of a voided check with this form to verify information)

Bank Name _____ Branch _____
City _____ State _____ Zip Code _____

ABA Routing/Transit #: _____

Type of Account (check one):

- Checking
- Savings

Owner's Account #: _____

AGREEMENT/AUTHORIZATION

I (We) hereby authorize Lehigh County Housing Authority, hereinafter called Company, to initiate credit entries to my (our) account indicated above and the Financial Organization named above, hereinafter called Receiving Bank to credit the same to such account. Charges to said account initiated by Company may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

IV: EMAIL INFORMATION

Email Holder Name: _____

Full Email Address: _____ @ _____

AGREEMENT/AUTHORIZATION

I (We) authorize Lehigh County Housing Authority, to notification via email of funds dispersed to said email account above regarding funds that will be paid in the form of Housing Assistance Payments for any active participants residing in landlord owned dwellings.

Owner's Signature: _____

Alternate Signature for Joint Account (if required): _____

Date Signed: _____