



Dear HCV Landlord: If you wish to receive direct deposit, please complete and return this form in the envelope provided. Please note that it may take up to two cycles for the direct deposit set up and you will continue to receive checks in the interim. Thank you.

Newmarket Housing Authority

Direct Deposit Agreement Form

Authorization Agreement – HCV Program

I hereby authorize Newmarket Housing Authority to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Newmarket Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Newmarket Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Newmarket Housing Authority. *Please note that direct deposit may take up to a month to commence.*

Account Information

Account Name: _____

Name of Financial Institution: _____

Account Number: _____

Checking | Savings

Routing Number: _____

Tip: Do not use a deposit slip to verify the routing number.

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Providing invalid account or routing numbers that cause an ACH deposit to be returned will result in a \$9.50 fee to be deducted from your next month's HAP payment

Please attach a voided check or deposit slip and return this form to the Newmarket Housing Authority.