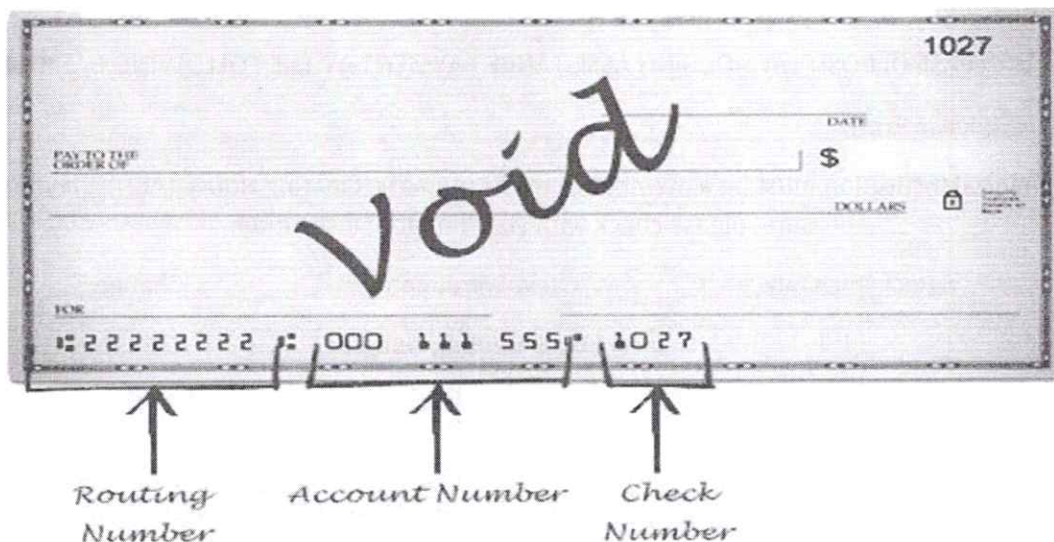




CITY OF PADUCAH SECTION 8 HOUSING AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT NOTE: For Section 8 Owners Only

Direct Deposit for Section 8 Landlords Only
Sign up for Direct Deposit!
By Returning this Authorized Agreement Form
Note: This Authorized Agreement is Not for Tenants
Enrollment is EASY!

1. Complete the Authorized Agreement for Automatic Bank Deposit form on the back of this letter. Enter all necessary information on the Authorization form (all owners must sign). Please do not omit any information.
2. Attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account into which you would like the PHA (Public Housing Agency) to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having funds deposited into a savings account you will need to obtain the correct "Routing Number" from your bank in writing, along with the savings account number and submit both with the enclosed authorization form.
3. Please return the completed form together with your voided check, to the City of Paducah Section 8 HCV Program, 2330 Ohio Street, Paducah, KY 42003 ATTN: Direct Deposit or via fax to 270-408-2131. If you have any questions regarding direct deposit, please call 270-450-4238.



4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 60 to 90 days for your Automatic Bank Deposit application to be processed.



CITY OF PADUCAH SECTION 8 HOUSING AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT NOTE: For Section 8 Owners Only

I/We hereby authorize the City of Paducah Section 8 Housing Choice Voucher Program, to initiate deposit entries and if only necessary-reverse entries for previous deposits made in error to my/our designated account.

Type of Account (Select One): Checking Account Savings Account

By acceptance of the funds through automatic deposit, the owner(s) certifies that to the best of his/her knowledge the dwelling unit is in a Decent, Safe and Sanitary Condition; the contracting family is in the unit and is expected to be there for the entire month: the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP Contract: and all other facts and data on which the amount is based are true and correct.

Anyone submitting fraudulent information is subject to a fine or imprisonment, or both.

(Title 18 U.S.C. 1001)

Written notification of all Owner/Payee changes must be submitted to the PHA (Public Housing Agency) at least thirty days prior to payment date. Notify Section 8 of an address change via email at LMCEWEN@PADUCAHHOUSING.COM (all lower case) or VIA fax at (270) 408-2131.

IMPORTANT
For Checking Accounts: Attach a voided check.
For Savings Accounts: Attach a letter from the financial institution.

PLEASE DEPOSIT MY HOUSING ASSISTANCE PAYMENT AT THE FOLLOWING BANK

Bank Name (Please Print) _____

Your Financial Institution must be a member of the "Automatic Clearing House (ACH)". If you are not sure, please check with your financial institution.

Select One Only New Enrollment Change



Insert Bank Routing Number



[] [] [] [] [] [] [] [] []

Owner Signature _____ Print Name _____

Owner Signature _____ Print Name _____



CITY OF PADUCAH SECTION 8 HOUSING AUTHORIZATION AGREEMENT FOR AUTOMATIC
DEPOSIT NOTE: For Section 8 Owners Only

Print Name _____

Signature of Authorized Signatory _____

Printed Name of Authorized Signatory _____

Date _____

Payee Name _____

Date _____

Name on Bank Account _____

Payee Name and Name on Bank Account Must Match

Email Address _____

Telephone _____

Entity/Vendor # _____

Account Number _____

For verification, please provide one tenant address or tenant name

Tenant Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____