



For Housing Choice Voucher (Section 8) Program Owners/Agents Only

- 1. Complete the Direct Deposit Enrollment form on the back of the instructions. Indicate whether this is a "CHANGE" to an existing enrollment or "NEW" enrollment by checking the appropriate box. Enter all required information in sections I and II.
2. Check the type of account (checking or savings). For deposit to a checking account, attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account into which you would like the SLHA to deposit the funds. Write "VOID" across the front of the check and blacken the signature portion of your check. If no checks are available, or for a savings account, please submit a letter from your bank to include: the name on the account, account number and bank routing number.
3. Submit the completed form, together with your voided check or letter from your bank, to the St. Louis Housing Authority in person, by mail or fax to:

St. Louis Housing Authority
Attention: Finance Department
3520 Page Boulevard
St. Louis, MO 63106
Fax: (314) 289-7241

Form showing a voided check with fields for name, address, date, pay to the order of, amount in dollars, and routing/account/check numbers. Includes a large 'VOID' watermark and arrows pointing to the routing number (241022233), account number (339622222), and check number (02048).

- 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 30 days for your Direct Deposit Enrollment form to be processed.
6. To avoid interruption in payments, written notification of all changes must be submitted to the SLHA Finance Department at least 30 days prior to payment date using the Direct Deposit Enrollment Form.



ST. LOUIS HOUSING AUTHORITY

DIRECT DEPOSIT ENROLLMENT FORM

To enroll for Direct Deposit, the payee should fill in the information requested in sections I and II of the Direct Deposit Authorization Agreement, attach a **voided check** or letter from your bank and mail or fax both to:

**St. Louis Housing Authority
Attention: Finance Department
3520 Page Boulevard
St. Louis, MO 63106
Fax: (314) 289-7241**

DIRECT DEPOSIT AUTHORIZATION AGREEMENT – FOR AUTOMATIC DEPOSITS

NEW

CHANGE

Check the appropriate box above to indicate a “new” enrollment or “change” to an existing enrollment.

SECTION I – PAYEE INFORMATION

PAYEE NAME (must match payee on ownership paperwork)	OWNER/AGENT NUMBER (assigned by SLHA)	
ADDRESS (STREET, P.O. BOX)	TELEPHONE NUMBER	
CITY	STATE	ZIP CODE

EMAIL

I (we) do hereby authorize St. Louis Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until the St. Louis Housing Authority has received written notification from me of its change or termination in such time and in such manner as to afford St. Louis Housing Authority and your financial institution a reasonable opportunity to act on it.

NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	
	[] [] [] - [] [] [] - [] [] [] [] [] []	
Enter your Employer Identification Number (EIN) in the appropriate box to the right. The EIN provided must match IRS Form W-9. Individuals without an EIN should enter their social security number.	EMPLOYER IDENTIFICATION NUMBER	
	[] [] [] - [] [] [] [] [] [] [] [] [] []	
SIGNATURE	DATE	

SECTION II – FINANCIAL INSTITUTION INFORMATION

BANK NAME	ROUTING NUMBER		
	[] [] [] [] [] [] [] [] [] []		
CITY	STATE	ZIP CODE	ACCOUNT NUMBER

TYPE OF ACCOUNT (SELECT ONE): CHECKING SAVINGS