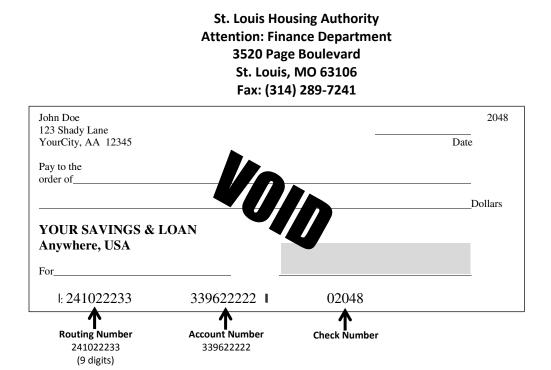
## For Housing Choice Voucher (Section 8) Program Owners/Agents Only

- 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 <u>original</u> voided check (deposit slips or temporary checks are <u>not</u> 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:



- 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	HC	)US	ING	AUTHORIT
	31.	LOUIS		/ U J	ING	AUTHORI

## 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

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

SECTION I – PAYEE INFORMATION											
PAYEE NAME (must match pa	iyee on ow	nership	OWNER/AGENT NUMBER								
paperwork)			(assigned by SLHA)								
ADDRESS (STREET, P.O. BOX)			TELEPHONE NUMBER								
CITY			STATE	ZIP CODE							
EMAIL											
I (we) do hereby authorize St	Louis Hou	using Authori	ty to initiate credit entrie	s 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 fi	inancial ins	stitution a rea	asonable opportunity to a	act on it.							
NAME (PLEASE PRINT)			SOCIAL SECURITY NUMBER								
				-							
Enter your Employer Identification	Number (EIN	) in the									
appropriate box to the right. The Ell	•		EMPLOYER IDENTIFICATION NUMBER								
Form W-9. Individuals without an El	N should ent	er their social	-								
security number. SIGNATURE			DATE								
SIGNATORE											
SECTION II – FINANCIAL INSTITUTION INFORMATION											
BANK NAME			ROUTING NUMBER								
CITY	STATE	ZIP CODE	ACCOUNT NUMBER								
		TYPE OF A	ACCOUNT (SELECT ONE):								
			. ,								