



DIRECT DEPOSIT ACH PAYMENT AUTHORIZATION

Please check the appropriate boxes:

Initial Request Change Cancellation * Public Housing HCV * Tenant Landlord

| Tenant/Landlord Information: | Bank Information: |
|--|--|
| Name: | Bank Name: |
| Bank Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint | Branch: |
| Address: | Bank Address: |
| City: State: Zip: | City: State: Zip: |
| Phone Number: () | Bank Phone Number: () |
| Social Security or EIN #: The Employer Identification Number (EIN) must match IRS Form W-9. | Bank ABA Routing #: (9-digits on the bottom of your check preceding the check #) |
| IHA Client or Vendor #: | Account #: |
| E-mail: | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Debit Card |

Authorization

I authorize Charleston-Kanawha Housing Authority (CKHA) to initiate credit entries to my bank account. I understand this authorization will allow said Agency to debit the above account if funds are credited erroneously to this account. This authorization is to remain in effect until revoked by me in writing and until the Agency actually receives such notification of termination. The Agency will make the necessary changes within 10 business days of receipt of such notice of termination. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Must be signed by both parties if joint account)

Please allow 10 business days for your request to be processed.

Please mail to: 1525 Washington Street West, Charleston, WV 25387 Attn: Finance
or FAX 304-348-6455

