



Round Rock Housing Authority
Housing Choice Voucher Program
 P.O. Box 781
 Round Rock, Texas 78680-0781

DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to Round Rock Housing Authority Housing Choice Voucher Program, Owner Direct Deposit Program to P.O. Box 781, Round Rock, TX 78680 or fax (512) 255-2645.

Date: _____ Owner# _____ (From HAP check stub) Voucher# _____

- NEW ENROLLMENT** **CHANGE BANK ACCOUNT INFORMATION**

I hereby authorize the Round Rock Housing Authority (RRHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAPs) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____	
Routing and Transit Number: _____	Account Number: _____
Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

City: _____ State: _____ Zip Code: _____

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if RRHA determines that eligibility is no longer met and/or in order to recover any overpayments made. Additionally, if any action is taken by my results in non-acceptance of a direct deposit by the designated financial institution, I understand that RRHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to RRHA by the financial institution and that I may incur fees and/or other penalties payable to RRHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP contract is in full compliance with the contract terms.

Payee or an authorized person must complete the following and sign the request.

Payee Name: _____ SSN or Federal Tax ID#: _____

Name of authorized Person: _____ Title: _____

(Please Print Legibly)

Email Address: _____ (Required)	
Address: _____	City: _____ State: _____ ZIP Code: _____
Telephone: Office: _____	Cell: _____
Signature of Owner or Authorized Person: X _____	

Failure to answer all questions and provide all documentation will result in delay of processing your request. Pursuant to 18 USC1001 whoever, in any manner with the jurisdiction of the executive, legislative or judicial branch of the government of the U.S., knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or devise a material fact: (2) makes any materially false, fictitious or fraudulent statement or representation: or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years or both. I understand that a false statement on any part of this form could result in a fine up \$500,000 or imprisonment up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV program.

The Information Practices Act of 1977 (Civil Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent, of RRHA will result in penalties and fines.

