

**Housing Authority Of Covington Housing Choice Voucher Program
Direct Deposit Authorization Agreement
For Participating Property Owners**

I hereby authorize the Housing Authority of Covington Housing Choice Voucher Program to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my Housing Assistance Payment (HAP) contract with the Housing Authority of Covington Housing Choice Voucher Program.

CHECKING

Checking Account Number _____

Name on Account _____

Transit/ABA Number of Bank _____

Bank Name

City

State

SAVINGS

Savings Account Number _____

Name on Account _____

Transit/ABA Number of Bank _____

Bank Name

City

State

Property Owner's Signature

Print Name

Date

Note: **For CHECKING accounts:** Attach a voided check
For SAVINGS accounts: Attach a letter from your bank or a deposit slip. Please call your bank to verify that the Transit/ABA Number on the slip is correct.

FOR OFFICE USE ONLY: DIRECT DEPOSIT CODES
CHECKING = DDC SAVINGS = DDS