KING COUNTY HOUSING AUTHORITY

Direct Deposit Enrollment Form

Owner/Agent #_____
(Five digit number)

Landlord Name_____

Contact Phone Number_____

Please provide E-Mail Address (35 characters or less)

(Deposit detail will be e-mailed to you.)

Bank Name_____ Bank Phone _____

Account Type ☐ Checking ☐ Savings

Bank Routing Number_____

Account Number_____

Attached: ☐ **Voided Check or** ☐ **Deposit Slip or** ☐ **Bank Statement**

Even though Direct Deposit will eliminate the need to mail a check each month, there is still other important information you need to receive. Please remember to let the Section 8 office know, in writing, if you have a change of mailing address.

I hereby authorize KCHA to initiate credit entries to the account. The financial institution is authorized to credit the amounts to my account. I agree to contact KCHA immediately about any overpayments made to this account. I agree to reimburse KCHA in full for all overpayments immediately. This authorization remains in force until KCHA receives written notification from me of its termination.

Authorized Signature_____ Date_____

600 ANDOVER PARK WEST • SEATTLE, WASHINGTON 98188-2583
PHONE (206) 574-1100 • FAX (206) 574-1104
EQUAL HOUSING OPPORTUNITY