



KING COUNTY HOUSING AUTHORITY

DIRECT DEPOSIT FOR SECTION 8

Direct Deposit Enrollment Form

Landlord/Payee Name _____

Owner Number (Example: 81010) _____

Contact Phone Number _____ E-Mail _____

Bank Name _____ Bank Phone # _____

Account Type Checking Saving

Bank Routing
Number _____

Account
Number* _____

Attach

Voided Check

Deposit Slip

I hereby authorize KCHA to initiate deposits (credits) and/or (debits) corrections to the above stated bank account as indicated. The financial institution is authorized to credit and/or debit the amounts to my account. KCHA has 5 days to make corrections after initial deposit. This authority remains in force until KCHA receives written notification from me of its termination.

Authorized Signature _____ Date _____