King County Housing Authority

SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322

PHONE: (206) 214-1300 FAX: (206) 243-5927

Direct Deposit Enrollment and Update Form

Owner Name:

Property Name: _____

Tenant Name: _____

(List the name of the current tenant)

Owner Contact Phone Number: _____

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

Bank Name: _____ Bank Phone: _____

Account Type: ☐ Checking ☐ Savings

Bank Routing Number: _____

Account Number: _____

Attach one of the following **required** verifications: ☐ Voided Check ☐ Deposit Slip ☐ 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 over-payments made to this account. I agree to reimburse KCHA in full for all over-payments immediately. This authorization remains in force until KCHA receives written notification from me of its termination.

Authorized Signature: _____ Date: _____