



**HOUSING CHOICE VOUCHER PROGRAM
DIRECT DEPOSIT AUTHORIZATION
P. O. Box 4545 Richmond Va. 23220
Phone: 1-877-VHDA-123 (877-843-2123)
Fax 1-804-343-8385**

CHECK ONE:

New Authorization: I hereby authorize the Virginia Housing Development Authority (VHDA) to deposit into my account any and all housing assistance payments payable by VHDA to me under the Housing Choice Voucher Program and to correct entries for such deposits hereafter made in such account. This authority will remain in force until I have submitted a written revocation to VHDA, which revocation shall be in such form and shall be submitted prior to such date as VHDA shall require. I understand that VHDA reserves the right to make such payments to me by check rather than by direct deposit.

Change in Authorization: The data set forth herein shall supersede the data previously submitted by me to VHDA, and I hereby confirm the authority of VHDA to deposit housing assistance payments payable to me under the Housing Choice Voucher Program and to correct entries for such deposits in accordance with my prior authorization as changed hereby. I understand that VHDA reserves the right to make such payments to me by check rather than by direct deposit.

Terminate the direct deposit account by emailing LLPartnerPortal@vhda.com.

VHDA agrees to process this Authorization no later than fifteen (15) days of receipt.

ALL SECTIONS MUST BE COMPLETED BY THE PAYEE (otherwise there will be a delay in processing your request)

DEPOSITOR'S ACCOUNT INFORMATION

Depositors' Payee Name _____

Phone Number (_____) - _____ E-mail _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

Select Your Account Type Checking Savings

Transit Routing Number _____

Bank Account Number: _____

Checking: Voided Check is attached (not a checking account deposit slip) or a bank signed letter confirming account and routing number – will not process without required information.

Savings: Bank document is attached that reflects the savings account number information -- will not process without required information.

Authorization of Direct Deposit

Print Name _____

Payee SSN/TaxID _____

Signature _____

Date _____

VHDA USE ONLY: Entity ID: _____ Initials/Date: _____