

CHESTER HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Chester Housing Authority to initiate credit entries for the purpose of providing direct deposit of Housing Assistance Payments under the Housing Choice Voucher Program to the account identified below.

Payee Certification: We/I hereby certify that the person(s) identified below is/are the contract payee(s) and are entitled to payment(s) under certain duly executed Housing Assistance Payments Contract(s). **We/I further certify that through receipt of payment(s) under this authorization, we/I confirm that those individuals identified in such contract are residing in the dwelling unit and that said unit is in full compliance with the federal Housing Quality Standards (HQS).**

Please complete the following information exactly as stated in the Housing Assistance Payment Contract.

Name of Payee(s): _____

Federal I.D. Number(s): _____

Payee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

ABA/Routing Number: _____

Account #: _____ () Checking () Savings

Effective Date of Direct Deposit: _____

Attach a deposit slip or blank voided check containing the financial institution's routing code and your personal account code.

Signature: _____ Date: _____

Signature: _____ Date: _____

**Please return this form to:
Chester Housing Authority – HCVP- 1111 Avenue of the States– Chester, PA 19013**