

**DIRECT DEPOSIT ENROLLMENT
LEASED HOUSING SECTION 8**

**NEW YORK CITY HOUSING AUTHORITY
ACCOUNTING & FISCAL SERVICES**

Please attach a voided check or a recent bank statement

Please check one of the options: New Enrollment, Cancellation or Change; Check all that apply within change

New Enrollment	Cancellation	Change (s)	Account Name	ABA* Number	Account Number	Checking Account	Saving Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 thru 5	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

SECTION 8 VENDOR ENROLLMENT INFORMATION OR CHANGES

NAME OF OWNER <input type="text"/>			VENDOR # <input type="text"/>		
ADDRESS <input type="text"/>			CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
E-MAIL ADDRESS <input type="text"/>					
Person(s) named as signatory to the account (PRINT EXACTLY-Include Trustee or Joint Owner)					
1) <input type="text"/>			2) <input type="text"/>		
ABA NUMBER* <input type="text"/>		ACCOUNT NUMBER ** <input type="text"/>	ACCOUNT TYPE (CHECK ONE ONLY) <input type="checkbox"/> Savings <input type="checkbox"/> Checking		

ABA BANK NUMBER:

Checking Accounts - The ABA number is the first nine (9) numbers prior to the account number in the bottom left corner of the check.

Savings Accounts - Contact your bank for ABA number, if not known.

SECTION 8 VENDOR AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the New York City Housing Authority to deposit housing assistance payments directly into my checking or savings account. I agree that this authorization will remain in effect until I provide to NYCHA a written cancellation to terminate the direct deposit service. I hereby affirm to the accuracy of all the information stated on this form.

Signature _____ Date _____
Work Tel. # _____ Home Tel. # _____

SECTION 8 VENDOR AUTHORIZATION FOR CANCELLATION

I HEREBY AUTHORIZE THE NEW YORK CITY HOUSING AUTHORITY TO CANCEL MY DIRECT DEPOSIT AGREEMENT

Signature _____ Date _____

******** SECTION 8 USE ONLY ********

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	Reason(s) for disapproval _____
MANAGER (Print & Sign) <input type="text"/>		TELEPHONE # <input type="text"/>
		DATE <input type="text"/>

******** ACCOUNTS PAYABLE ONLY ********

Effective Date <input type="text"/>	Expiration Date <input type="text"/>	REJECTION REASON STATUS INSUFFICIENT DATA <input type="checkbox"/> INCOMPLETE FORM <input type="checkbox"/> INVALID APPLICATION <input type="checkbox"/>
PREPARED BY (PRINT NAME) <input type="text"/>		
DATE <input type="text"/>		

