

## Somersworth Housing Authority Landlord Direct Deposit Authorization

	Landland/Duananti. Or			
Landlord/Property Owner Information Landlord/Property Owner Name:				
Address:				
City:		State:		Zip:
Social Security or Tax Identification Number:				
Email Address:				
	Bank Inforr	nation		
Please Check One:		Please Check	One:	
Now Direct Deposit Setup		_		
New Direct Deposit Setup			Checking	
Change Direct Deposit Setup t	to The Following	S	Savings	
Name of Financial Institution:				
Routing Number:		Account Num	ber:	
Authorization				
It is your responsibility to submit an updated direct deposit authorization form to the Somersworth Housing Authority before the 20th day of the month if you have a change to your account information. All payments will be sent by direct deposit no later than the first business day of the month, as long as funds have been received by HUD. The Somersworth Housing Authority will not be financially responsible if HAP payments are not received due to landlord/owner failure to provide accurate and/or up-to-date information.				
I hereby authorize The Somersworth Housing Authority to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments to correct any previous credits which may have been posted in error to my account listed above.				
Signature:		Date: _		
ATTACH A "VOIDED" CHECK HERE IF CHECKING ACCOUNT IS SELECTED OR A DEPOSIT SLIP IF SAVINGS ACCOUNT IS SELECTED.				