

**Housing Authority of
Champaign County
Section 8 Department**

Authorization for Direct Deposit of Housing Assistance

Name of Owner: _____

Address: _____

SS#/Tax ID: _____ Telephone: _____

Email address: _____

I hereby authorize the Housing Authority of Champaign County, hereinafter referred to as HACC to deposit the Housing Assistance Payment (HAP) that is due to me into my checking/savings account with the financial institution indicated below, and to initiate credit/debit entries effected by the HACC.

Name of Financial Institution: _____

Branch: _____

City: _____ State: _____

*ABA Routing Number: _____

**Account Number: _____

Checking Account: _____

Savings Account: _____

This authorization is to be in effect until HACC receives written notification from me of its termination in such time and manner to afford HACC and the financial institution reasonable time to act on it.

Signature: _____ Date: _____

* This information can be found at the bottom of your check/deposit slip. Please attach a 'VOIDED' check/deposit slip to confirm the numbers.

** In case of change in Account number, please inform the HACC in writing immediately, to ensure payment into the proper account.