

Housing Authority of Champaign County
205 West Park Avenue - Champaign, Illinois 61820

Direct Payment Plan

Tenant Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Required Financial Institution Information:

Name of Institution: _____

Address: _____

City/State/Zip: _____

Telephone: _____

ABA #: _____

Account #: _____

Account Type: Checking: _____ Savings: _____

Authorization Statement:

I agree to surrender to the Housing Authority of Champaign County an unused and voided personal check or savings deposit slip from the financial institution listed above.

This authorization is to remain in full effect until the Housing Authority of Champaign County has received written notification from me of its termination in such time and in such manner as to afford the Housing Authority and the Financial Institution a reasonable opportunity to act upon it.

I hereby authorize the Housing Authority of Champaign County to initiate a monthly debit entry on the 5th of each month (or the first business day after the 5th) in the amount of my current monthly rent charges and maintenance charges.

Signatures:

Tenant: _____ Date: _____

HACC Representative: _____ Date: _____