

**CHARLESTON HOUSING
LANDLORD HAP DIRECT DEPOSIT
AUTHORIZATION FORM**

I am requesting that, instead of a check, my monthly Housing Assistance Payment (HAP) be deposited directly into my

(select one): _____ checking account
 _____ savings account

Please submit a voided check or bank direct deposit form with your authorization form.
Note: Deposit slips are not acceptable.

Please provide a day and evening phone number as well as an e-mail address should it be necessary to contact you regarding the information you have submitted.

Daytime Number: _____

Evening Number: _____

Email: _____

Processing normally takes 30 days from the day that you submit the required form(s).

The required forms may be given to the Receptionist at 911 Michael Avenue or mailed to:

Charleston Housing
Accountant
PO Box 86
Charleston, WV 25321-0086

Please sign as appropriate:

Printed name of the Payee currently appearing on the check

Signature _____ Date _____

Social Security Number or Federal Tax ID of Payee indicated above

Printed name of Second Payee currently appearing on the check

Signature _____ Date _____

Social Security Number or Federal Tax ID of Second Payee indicated above

Landlord Number(s): _____
SSN Verified: <input type="checkbox"/>
Entered by: _____ Date: _____