

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

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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:

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Printed name of the Payee currently appearing on the check

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Social Security Number or Federal Tax ID of Payee indicated above

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Printed name of Second Payee currently appearing on the check

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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