Charleston-Kanawha Housing Authority
Landlord HAP Direct Deposit
Authorization Form

I am requesting that, instead of receiving 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 a direct deposit authorization form from your bank.
Note: Deposits slips are not acceptable.

Please provide the following information in case it should be necessary to contact you Regarding the information you have submitted.

Daytime telephone number: _____
Evening telephone number: _____
Email address: _____

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 1525 Washington St West or mailed to:

Charleston-Kanawha Housing Authority
Accountant
P O Box 86
Charleston, WV 25321-0086

Please complete the following information:

Printed name of the Payee: _____

Signature: _____ Date: _____

Social Security Number or Federal Tax ID Number for Payee: _____

This number should be the one submitted on the W-9 form for the payee.

Printed name of Second Payee: _____

Signature: _____ Date: _____

Social Security Number or Federal Tax ID Number for 2nd Payee: _____

Following area for Charleston-Kanawha Housing Authority Use Only:

Payee's Social Security Number or Federal Tax ID Number Verified: _____

Direct Deposit Set Up By: _____ Date: _____