KANSAS CITY, KANSAS HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT - SECTION 8 HAP PROGRAM

I hereby authorize and request the Kansas City, Kansas Housing Authority, hereinafter called the KCKHA, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called the BANK, and I authorize and request the BANK to accept any deposits initiated by the KCKHA to such account and to credit the same to such account without responsibility for the correctness thereof. In the event of an over-payment in error, I hereby authorize the KCKHA to initiate correcting entries to my account in the amount of such error.

LANDLORD NAME: _____

SOCIAL SECURITY #: |_|_|_|_| - |_|_| - |_|_|_|_| OR FED EMPLY ID #: |_|_| - |_|_|_|_|_|_|_|

SIGNATURE: _____ DATE: _____

SEND EMAIL NOTIFICATION: YES___ NO ___ EMAIL ADDRESS: _____

Apply to All Addresses or Apply to Specific Address: _____
Direct Deposit Checking ____ Savings ____ Credit Union ____ Other _____ ____
Bank Name _____
Transit Routing # |_|_|_|_|_|_|_|_|_|
Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

___ Apply to Specific Address: _____
Direct Deposit Checking ____ Savings ____ Credit Union ____ Other _____ ____
Bank Name _____
Transit Routing # |_|_|_|_|_|_|_|_|_|
Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

___ Apply to Specific Address: _____
Direct Deposit Checking ____ Savings ____ Credit Union ____ Other _____ ____
Bank Name _____
Transit Routing # |_|_|_|_|_|_|_|_|_|
Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

___ Apply to Specific Address: _____
Direct Deposit Checking ____ Savings ____ Credit Union ____ Other _____ ____
Bank Name _____
Transit Routing # |_|_|_|_|_|_|_|_|_|
Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

PLEASE SEND COMPLETED FORM AND A VOIDED CHECK FOR EACH BANK ACCOUNT TO THE FINANCE DEPARTMENT.

OFFICE USE ONLY
Owner # _____
Initial: _____
Date Entered: _____

Form F-250 (08/02)