

ROANOKE-CHOWAN REGIONAL HOUSING AUTHORITY
SECTION 8 LANDLORD – HAP DIRECT DEPOSIT AUTHORIZATION FORM

I am requesting that my monthly Housing Assistance Payment (HAP) be deposited directly into my

(Select one): ___ Checking account
 ___ Savings account

Please submit a VOIDED CHECK (to use a checking account). A COPY of a VOIDED CHECK will **NOT be accepted!
For savings accounts please submit a BANK DIRECT DEPOSIT FORM with your authorization form.**

NOTE: DEPOSIT SLIPS AND STARTER CHECKS ARE NOT ACCEPTABLE.
THE ROUTING NUMBER SUPPLIED ON THE DEPOSIT SLIP IS NOT THE
ACTUAL ROUTING NUMBER REQUIRED FOR DIRECT DEPOSIT PURPOSES.

Please provide day and evening phone numbers should it be necessary to contact you regarding the information that you have submitted. **An e-mail address is required in order to receive your check stub.**

Home Number: _____ E-mail address _____
Office Number: _____
Cell Number: _____

There are three ways you may submit the required forms:

1. Give to the Receptionist at the front desk of our office located at 205 Tinsley Way, Gaston, NC. If you choose this option, it is required that the form be placed in an envelope, sealed and addressed to **Section 8 Landlord**.
2. Mail to Roanoke-Chowan Regional Housing Authority, Section 8 Landlord, P.O. Box 516, Gaston, NC 27832.
3. Fax to 252-537-6256, Section 8 Landlord

Please sign as appropriate:

X _____

Print Name of Payee currently appearing on the check

X _____ X _____
Signature **Date**

X _____
Social Security number or (if Business) Federal Tax ID number of payee indicated above
