



Housing Authority

DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, OCHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to OCHA by the financial institution and that you may incur fees and/or other penalties payable to OCHA.

Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, e-mail or fax as indicated below:

1. Mail: OCHA Housing Choice Voucher Program
 Attn: Direct Deposit
 PO Box 8181
 Hillsborough, NC 27278

2. Email: HCVP@orangecountync.gov

3. Fax: 919-644-3056

If you have any questions regarding direct deposit of you HAP, please contact the OCHA at 919- 245-2490 or HCV@orangecountync.gov

Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

<input type="radio"/> A	Date - Date of form being filled for submission and on Form W-9 must match
<input type="radio"/> B	Owner # - From HAP check stub, <i>if known</i>
<input type="radio"/> C	Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account – Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
<input type="radio"/> D	The name indicated as the Payee Name and on Form W-9 must match
<input type="radio"/> E	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
<input type="radio"/> F	Authorized Person - E-mail, Address, City, State, Zip, Phone, Signature

Mailing Address
 P.O. Box 8181
 Hillsborough, NC 27278

Main Office
 300 W. Tryon Street
 Hillsborough, NC 27278

Satellite Office
 2501 Homestead Road
 Chapel Hill, NC 27516





Housing Authority

DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check for deposit into checking or savings account, and a deposit slip for deposit into savings account to: OCHA Housing Authority, Housing Choice Voucher Program, Direct Deposit, P.O. Box 8181, Hillsborough, NC 27278, or email it to HCV@orangecountync.gov or fax it to (919) 644-3056.

Date: _____ (A)

Owner ID: _____ (B)

Please check the appropriate box:

New Enrollment

Bank Account Information

I hereby authorize the Orange County Housing Authority (OCHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named below. I acknowledge the origination of the ACH transaction to my account must comply with the provision of U.S. Law.

Name of Financial Institution: _____	
Account Number: _____	Routing and Transit Number: _____
Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if OCHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that OCHA assumes no responsibility or processing a supplemental payment until the amount of the non-acceptance deposit is returned to OCHA by the financial institution and that I may incur fees and/or other penalties payable to OCHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.

Payee or an authorized person must complete the following and sign this request.

Payee Name: _____ (D)
(Please Print Legibly)

SSN or Federal Tax I.D.: _____ (E)

Name of Contact Person: _____
(Please Print Legibly)

Title: _____ (F)

E-Mail Address: _____ (REQUIRED)	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone: Office (____) _____	Cell: (____) _____
Signature of Owner or Authorized Person: X _____	

Mailing Address
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Hillsborough, NC 27278

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ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS PAGE

NOTE: STARTER CHECKS ARE NOT ACCEPTABLE

DIRECT DEPOSIT AUTHORIZATION
Attach Voided Check
or
Savings Account Deposit Slip

DEPOSIT TICKET

First/Last Name _____
Address _____
City, State Zip _____

DATE _____

First Bank of You _____

⑆0150 ⑆⑆3034 ⑆0015075100 ⑆⑆ 909

71-1063/2718
CASH _____
CHECKS OR TOTAL FROM OTHER SIDE _____
SUB TOTAL _____
LESS CASH _____
NET DEPOSIT \$ _____

Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person # must be the same as printed on the Direct Deposit Form

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution