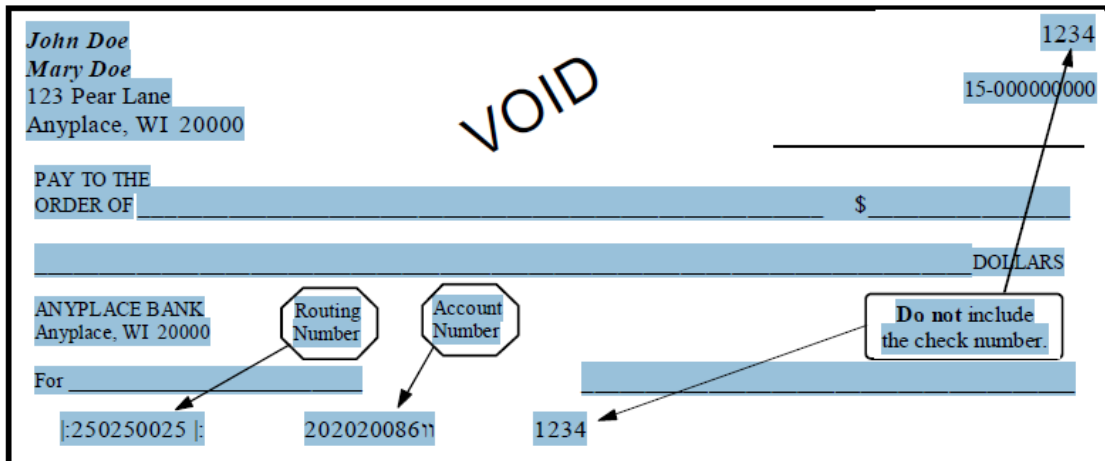


## St. Petersburg Housing Authority Section 8 Direct Deposit

### DIRECT DEPOSIT for *SECTION 8 OWNERS ONLY*

1. Complete the Direct Deposit Authorization form. Enter all the necessary information on the Authorization form (all Owners and Authorized Signatories must sign). Please do not omit any information.
2. Attach an original voided check (photocopy, deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write “VOID” across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account you will need to obtain the correct “**Routing Number**” from your bank in writing, along with the savings account number and submit both with the enclosed authorization form.



The diagram shows a check with the following details:

- Payee: John Doe, Mary Doe, 123 Pear Lane, Anyplace, WI 20000
- Amount: 1234 (with a callout box stating "Do not include the check number.")
- Bank: ANYPLACE BANK, Anyplace, WI 20000
- Routing Number: :250250025 | (with a callout box labeled "Routing Number")
- Account Number: 202020086 (with a callout box labeled "Account Number")
- Check Number: 1234 (with a callout box labeled "Do not include the check number.")
- Other numbers: 15-000000000, 1234

Note: The routing and account numbers may be in different places on your check.

3. Please return the completed forms, together with your voided check to:

St. Petersburg Housing Authority  
Section 8 Department  
Attn: Larry Gonzalez  
2001 Gandy Blvd. North  
St. Petersburg, FL 33702

# Direct Deposit Authorization

## St. Petersburg Housing Authority

2001 Gandy Blvd. North  
St. Petersburg, FL 33702

### Part 1: Authorization Agreement for setup, Changes or Cancellation

I (we) hereby request and authorize the St. Petersburg Housing Authority to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below. I (we) also authorize the St. Petersburg Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Furthermore, I (we) agree not to hold the St. Petersburg Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my accounts.

This authorization will remain in effect until written notice to terminate direct deposit is received by the St. Petersburg Housing Authority. I (we) understand 60 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorized Signature	Printed Name	Date
----------------------	--------------	------

### Part 2: Transaction Type

<input type="checkbox"/> New Setup <input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Account Type
---	---

### Part 3: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number)		Daytime Telephone Number
Payee Name		Alternate Telephone Number
Address		
City	State	Zip Code
Email Address <b>(Required)</b>		

### Part 4: Financial Institution (Contact your financial institution for this information)

Financial Institution Name	Type of Account (SELECT ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
City	State	Zip Code
Routing Transit Number (Nine Digits)	Account Number	