



Housing Choice Voucher program  
(Section 8)

**Address** 190 Queen Anne Ave N  
Seattle, WA 98109  
**Telephone** 206-615-3300  
**TDD** 1-800-833-6388  
**Website** www.seattlehousing.org

## Direct Deposit / Debit Card Authorization

For Housing Assistance Payments (HAP) to landlords

**If you are already signed up for direct deposit, you do not need to send this form in again.**

_____ Name of payee	_____ Name of Owner (if different from payee)
_____ Street / P.O. Box	_____ Telephone number
_____ Suite / Address line 2	_____ E-mail
_____ City, State, ZIP Code	_____ Street address of rental property

Please check *one* option below, fill out any additional information required for your option, attach any necessary documentation, and forward to the address or fax below for processing.

**Option 1: Direct Deposit**

Bank name \_\_\_\_\_ Bank telephone number \_\_\_\_\_

Name on the account \_\_\_\_\_ Account type:  Checking  Savings

Bank routing number \_\_\_\_\_ Account number \_\_\_\_\_

*SHA requires a bank printed document showing the account holder's name.*

Please attach one of the following:  Voided Check  Deposit Slip  Other: \_\_\_\_\_

**Option 2: Debit Card – for non-corporate housing providers only**

*I certify that I am not representing an incorporated owner; please have Bank of America send me a debit card for the HAP payments for my tenants at the property listed above.*

**Option 3: Paper checks**

*For security and cost effectiveness SHA makes payments electronically whenever possible. If you wish to receive a paper check, a \$3 processing fee for each check will apply. This fee cannot be passed along to your tenant(s).*

I hereby authorize Seattle Housing Authority (SHA) to initiate credit entries (deposits) and to initiate, if necessary, debit entries (and/or adjustments) to correct any credit-entry errors posted to the account. SHA has five (5) business days to make corrections after the initial deposit. I understand that funds will be deposited to this bank account between the second and the fourth business day of the month, depending on SHA's receipt of funds from the federal Housing and Urban Development department (HUD). This agreement shall remain in force until SHA receives written notification from me of its termination or until SHA notifies me at the above address of its termination.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form and attachment(s) to:

Seattle Housing Authority  
Attn: Section 8 Accounting Supervisor  
190 Queen Anne Ave N P.O. Box 19028  
Seattle WA 98109-1028  
or fax it to: 206-615-3427

Questions?

Call  
206-615-3377  
Or write  
[janell.harstad@seattlehousing.org](mailto:janell.harstad@seattlehousing.org)