



Direct Deposit – Authorization Agreement

I hereby authorize Campbell County Department of Housing to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my rental contract with the Campbell County Department of Housing. I understand that regular HAP payments are issued between the 1st and 5th of each month. The Housing Authority may make mid-month payments for prorated move-ins.

CHECKING ACCOUNT

Bank Name _____

Checking Account Number _____

Transit/ABA Number of Bank _____

You must attach a voided check to this form.

SAVINGS ACCOUNT

Bank Name _____

Savings Account Number _____

Transit/ABA Number of Bank _____

You must attach verification from the bank with the routing and account number.

Landlord Print Name

Signature

Date

Complete Mailing Address

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

