CAMPBELL COUNTY DEPARTMENT OF HOUSING

1098 MONMOUTH STREET – NEWPORT, KY 41071

PHONE: 859-261-5200 FAX: 859-261-0577 TDD/TTY 1-800-545-1833 x 947

DIRECT DEPOSIT PAYMENT AUTHORIZATION AGREEMENT FOR SECTION 8 LANDLORDS

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 the 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 or copy of a check to this form.

SAVINGS ACCOUNT

Bank Name: _____

Checking Account Number: _____

Transit/ABA Number of Bank: _____

You must contact the bank to obtain the correct transit/ABA number on letterhead and submit with this form. Deposit slips may have invalid transit/aba numbers.

_____ _____ _____

Landlord Print Name Signature Date

_____

Complete Mailing Address

_____ _____

Email Address Phone Number