



## Direct Deposit of HAP Payments

Our Housing Choice Voucher program can initiate Direct Deposit of Housing Assistance Payments (HAP) to replace paper check payments. All payment remittance detail will continue to be provided on paper by mail. Both Direct Deposits and remittance detail will still be provided to you by the first business day of the month.

If you wish to have the benefit of Direct Deposit payments, please complete the enclosed Direct Deposit Authorization form, and mail or fax the signed form to our office. Your local agency does not administer direct deposit payments.

Regarding the Transit Routing number and Account Number – you can obtain and verify this information from your financial institution.

If your deposits will go to a Checking account, the Transit Routing number and Account number can be found on your checks as noted below

A diagram of a check form with three numbers circled at the bottom: 1:9678546521, 784993710, and 1674. Below the check, text explains that the first nine digits are the routing and transit number, the next eight are the checking account number, and the last four are the check number. A note states that in some cases, the order of the checking account number and the check number is reversed.

Your Name  
123 Spring St.  
Any City, USA 00000

DATE: \_\_\_\_\_

1674

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

1:9678546521 784993710 1674

The routing and transit number is denoted by nine digits surrounded by |:

The checking account number\*

The check number\*

\*In some cases, the order of the checking account number and the check number is reversed by |:

Do not use the Transit Routing numbers from your checking account deposit slips.

For Savings accounts, the numbers that appear on a deposit slip may or may not reflect the actual Transit Routing number – please verify this with your financial institution.

If you have any questions about Direct Deposit of HAP payments, please call Eileen O’Neill at 800-835-6598.

We look forward to your participation in Direct Deposit!

**HOUSING CHOICE VOUCHER PROGRAM**  
**DIRECT DEPOSIT AUTHORIZATION FORM**  
**VHDA P. O. Box 4545 Richmond Va. 23220**  
**Fax (804) 343-8385**

**CHECK ONE:**

**New Authorization.** I hereby authorize the Virginia Housing Development Authority ("VHDA") to deposit into my account any and all housing assistance payments payable by VHDA to me under the Housing Choice Voucher Program and to correct entries for such deposits hereafter made in such account. This authority will remain in force until I have submitted a written revocation to VHDA, which revocation shall be in such form and shall be submitted prior to such date as VHDA shall require. I understand that VHDA reserves the right to make such payments to me by check rather than by direct deposit.

**Change in Authorization.** The data set forth herein shall supercede the data previously submitted by me to VHDA, and I hereby confirm the authority of VHDA to deposit housing assistance payments payable to me under the Housing Choice Voucher Program and to correct entries for such deposits in accordance with my prior authorization as changed hereby. I understand that VHDA reserves the right to make such payments to me by check rather than by direct deposit.

**Termination of Authorization.** I hereby authorize VHDA to terminate the direct deposit of the housing assistance payments payable by VHDA to me under Housing Choice Voucher Program.

VHDA agrees to process this Authorization within thirty (30) days of receipt.

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**PAYEE INFORMATION**

Name: \_\_\_\_\_

Principal Contact Person's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) - \_\_\_\_\_

**PAYEE FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Phone Number: (\_\_\_\_\_) - \_\_\_\_\_

Select Your Account Type:     Checking                       Savings

Transit Routing Number                      \_\_\_\_\_

Bank Account Number:                      \_\_\_\_\_

Print Name \_\_\_\_\_

Payee SSN/TaxID \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please attach a voided check or deposit slip.

VHDA USE ONLY: HCV ID NO. \_\_\_\_\_