

***Please attach a voided check or a recent bank statement***

*Please check one of the options: New Enrollment, Cancellation or Change; Check all that apply within change*

New Enrollment	Cancellation	Change (s)	Account Name	ABA* Number	Account Number	Checking Account	Saving Account
<input type="checkbox"/>	<input type="checkbox"/>	1 thru 5	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

**SECTION 8 VENDOR ENROLLMENT INFORMATION OR CHANGES**

**NAME OF OWNER**  **VENDOR #**

**ADDRESS**  **CITY**  **STATE**  **ZIP CODE**

**E-MAIL ADDRESS**

Person(s) named as signatory to the account (PRINT EXACTLY-Include Trustee or Joint Owner)

1)  2)

**ABA NUMBER\***  **ACCOUNT NUMBER \*\***  **ACCOUNT TYPE (CHECK ONE ONLY)**

Savings  Checking

**ABA BANK NUMBER:**

*Checking Accounts* - The ABA number is the first nine (9) numbers prior to the account number in the bottom left corner of the check.

*Savings Accounts* - Contact your bank for ABA number, if not known.

**SECTION 8 VENDOR AUTHORIZATION FOR DIRECT DEPOSIT**

I hereby authorize the New York City Housing Authority to deposit housing assistance payments directly into my checking or savings account. I understand that I will be charged a nominal fee of \$5 for this service. Such nominal fee is subject to change at NYCHA's discretion. Ten business days' notice of such change shall be provided on NYCHA's website. I also grant authorization for the reversal of a credit to my account, if the credit was made in error. I understand that, under the National Automated Clearing House Association's operation guidelines and rules, NYCHA can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to NYCHA a written cancellation to terminate the direct deposit service. I hereby affirm to the accuracy of all the information stated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Tel. # \_\_\_\_\_ Home Tel. # \_\_\_\_\_

**SECTION 8 VENDOR AUTHORIZATION FOR CANCELLATION**

**I HEREBY AUTHORIZE THE NEW YORK CITY HOUSING AUTHORITY TO CANCEL MY DIRECT DEPOSIT AGREEMENT**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* SECTION 8 USE ONLY \*\*\*\*\***

APPROVED  DISAPPROVED Reason(s) for disapproval \_\_\_\_\_

**MANAGER (Print & Sign)**  **TELEPHONE #**  **DATE**

**\*\*\*\*\* ACCOUNTS PAYABLE ONLY \*\*\*\*\***

**Effective Date**    **Expiration Date**

**PREPARED BY (PRINT NAME)**  **DATE**

**REJECTION REASON STATUS**

*INSUFFICIENT DATA*   
*INCOMPLETE FORM*   
*INVALID APPLICATION*