



Direct Deposit Authorization Form & Correspondence Information

PLEASE COMPLETE THIS FORM AND RETURN TO:	DHAP Center 8933 Interchange Drive Houston, TX 77054 <i>For Inquires call: 1-866-497-6036</i>
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Payee Identification:			
Tax ID: Tax ID (Social Security Number or Employer Identification Number)			
Name:			
Owner Address:			
	Address	City	State
			Zip
Work Phone	Home Phone	Other phone:	
Correspondence Address: If you desire your correspondence to go someplace other than the address above, complete information below:			
Rental Agent:		Rental Agent Phone number:	
Address for correspondence (inspection notices, DHAP communication, etc.):			
	Address	City	State
			Zip

Authorization for Setup, Changes, or Cancellation		
<p>I hereby request and authorize the HCHA – DHAP to deposit payments by electronic funds transfer into the account specified below. If necessary, by my signature below, I authorize debit entries and adjustments for any amounts deposited electronically in error, such reversing entry must be transmitted for receipt by midnight of the fifth banking day following the settlement date of the erroneous entry.</p> <p>I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p> <p>This authorization will remain in effect until written notice to terminate is given. If bank account information changes, notification will promptly be communicated so that payment can be continued without any interruption of service.</p>		
Authorized Signature	Printed Name	Date

Transaction Type:	<input type="checkbox"/> New Set Up	<input type="checkbox"/> Change Financial Institution
Financial Institution Name:		
	City	State
		Zip
Routing Number		
Customer Account Number		
Type of Account:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking