



# HAP Electronic Funds Transfer (Direct Deposit) Application - S8 Landlord

The following information must be completed to initiate your monthly HAP payment.

**Please attach a voided check or an authorized letter from your financial institution. RETURN TO: Harrisburg Housing Authority, 916 South 14<sup>th</sup> Street, Suite 100, Harrisburg, PA 17104 or FAX TO 717-963-2611**

**(Please Print All Information Clearly)**

Landlord's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_ Tax ID # \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ @ \_\_\_\_\_

Check One Box  **New**  **Change**

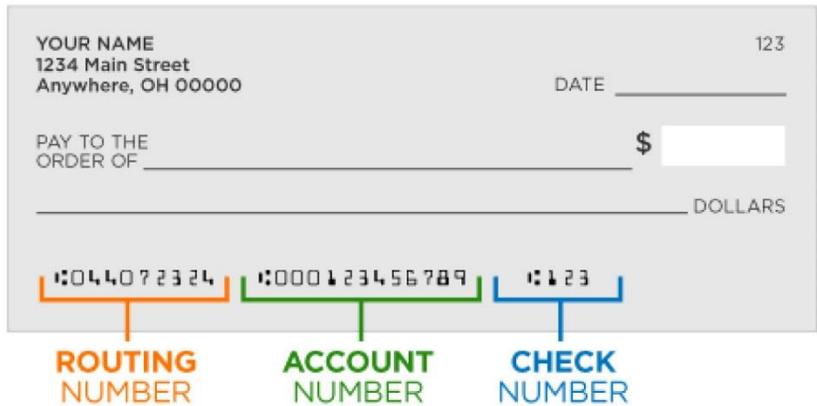
**Bank Name:** \_\_\_\_\_

**Bank Routing Number**  **Checking Account**

**Bank Account Number**  **Savings Account**

**For a Checking Account:**  
Write VOID on an unused check and attach here.

**For a Savings Account:**  
Contact your bank and obtain a written verification of your account and routing numbers. Attach that verification to this form.



**Please complete this section if this is a change**

**Old Routing Number:** \_\_\_\_\_ **Old Account Number:** \_\_\_\_\_

I authorize the Harrisburg Housing Authority to deposit my Housing Choice Voucher Rental Payment by electronic transfer into the designated financial institution and account(s). I understand this authorization remains in effect until canceled by: (a) me, (b) by my death or legal incapacity; (c) the financial institution; or (d) the Harrisburg Housing Authority.

I authorize the Harrisburg Housing Authority to recover money electronically deposited in my account in error, by adjusting subsequent Housing Choice Voucher Payments for an amount not to exceed the erroneous deposit amount or by electronically debiting an amount equal to the erroneous deposit. I understand I will be notified, in writing, by the Harrisburg Housing Authority if and when adjustments are being made.

I agree to comply with the Harrisburg Housing Authority rules about electronic transfers. Pennsylvania law governs electronic fund transactions in all respects except as otherwise superseded by Federal law. I understand I will be notified if any rule changes are made which affect me.

**Landlord's / Authorized Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY: (do not write below this line)**

**Date entered into system:** \_\_\_\_\_ **By:** \_\_\_\_\_