


# HURON METROPOLITAN HOUSING AUTHORITY

17 MILL STREET, NORWALK, OH 44857  PHONE (419)668-3956. FAX (419)668-9091. TTY (800)750-0750

Dear Landlord,

In an effort to improve customer service to property owners and landlords, the Huron Metropolitan Housing Authority has implemented direct deposit payments for all Housing Assistance Payments. This method of payment delivery offers many advantages:

- In most cases you will receive your payment via direct deposit on or before the third business day of the month
- You will be notified electronically that funds will be deposited.


The advantages above outline why MHA is utilizing direct deposit of Housing Assistance Payments. For you to receive assistance it is important that you have the following in place:

- Your financial institution must be a member of an Automated Clearing House to participate in the direct deposit program
- You must complete the authorization form (attached to this correspondence), have a valid account, and submit a voided check or a letter from your financial institution that contains the routing number and account number so MHA can make the deposit.
- You must have a valid email address to receive email payment confirmations. Thank you for your participation in direct deposit.

Sincerely,

Huron Metropolitan Housing Authority

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## TERMS AND CONDITIONS FOR PARTICIPATING IN THE - MHA DIRECT DEPOSIT PROGRAM

As a participating Landlord in a Mansfield Metropolitan Housing Authority Housing program, direct deposit of Housing Assistance Payments is mandated. This form authorizes MHA to deposit your Housing Assistance Payments (HAP) directly into your account at your financial institution.

The following are the terms and conditions for participating in the direct deposit Program.

- 1) Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Housing Authority direct deposit Program.
- 2) You must complete this authorization form to enroll in the direct deposit program. A signed and dated form is required for processing. If you have a joint account, both parties must sign the form. You must also attach a pre-printed voided check or a letter or statement from your financial institution verifying both the routing and account numbers to the direct deposit form. Once your form is received it may take up to 2 weeks for administrative processing before enrollment becomes effective.
- 3) All funds will be credited no later than the 5th day of the month. You will receive an email confirmation of funds deposited to your account.
- 4) If an electronic transfer is returned to MHA or for any reason cannot be made to your account, MHA may place a hold on your check.
- 5) It is your responsibility to notify MHA immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a change and specify the new account information. All changes must be received by the 15th of the month prior to the month the direct deposit is to be processed. Attach a pre-printed voided check to any change requests or other verification as specified above in number 2.
- 6) Your financial institution or MHA may also cancel this agreement. The MHA reserves the right to automatically cancel your participation in the direct deposit program for violations of the HAP Contract or notification from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding this form, the direct deposit program or any electronic transfers to your account, please call 419.668.3956.

### **Notice of Intent to Collect Private Data**

All payment recipients are asked to provide the private data listed on this form to the Department of Finance for the following purposes. Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, incomplete or incorrect information may cause a delay in converting to EFT.

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT  
HOW TO COMPLETE THIS FORM**

1) Read the reverse side of this form completely, making sure you understand the terms and conditions of the agreement.	4) If the account is not in your name alone, have the other account holder sign also.
2) Fill in all boxes below. Please print clearly.	5) Return form to MHA via United States Mail at 88 W Third Street, Mansfield, OH 44902, fax to 419-524-1487, or email to mansfieldmha@ncohiohousing.org.
3) Sign and date the form and attach preprinted voided check (see example below)	

Mailing Address (General)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: -

Action: New: \_\_\_\_ Change: \_\_\_\_ Cancel: \_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Information

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

Email Address: \_\_\_\_\_

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

Federal ID\_ OR Social Security Number\_

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Federal ID / Social Security Name \_\_\_\_\_

Financial Institution Information

ABA Routing Number: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Type of Account: Checking: \_\_\_\_ Savings: \_\_\_\_

Ownership of Account: Self: \_\_\_\_ Business: \_\_\_\_

I certify that I have read and understand the terms and conditions of the direct deposit program. By signing this agreement, I authorize the Metropolitan Housing Authority (MHA) to initiate credit entries to the account indicated above for the purpose of payment of Housing Assistance Payment (HAP) obligations. I also authorize MHA to initiate, if necessary, debit entries and adjustments to any HAP contract(s) for HAP overpayments or HAP errors.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>TIPS</b></p> <ol style="list-style-type: none"> <li>1) Call your financial institution to make sure they will accept direct deposit.</li> <li>2) Verify your account number and routing transit number with your financial institution.</li> <li>3) Do not use a deposit slip to verify routing number.</li> </ol>	<p>John or Mary Landlord 123 Main Street Anytown, OH 12345</p> <p>Date: _____</p> <p align="right">\$ _____ DOLLARS</p>
<p>↓ ↓</p> <p><b>010000044 234556789022 12</b></p>	
<p><b>NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK</b></p>	