

¡Este documento es importante, tradúzcalo inmediatamente!

**DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS**

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP).

**Please visit** our website at [www.thecha.org/forms](http://www.thecha.org/forms) to download the direct deposit registration form. Once completed, please mail, e-mail or fax the form along with a copy of your voided check or savings account deposit slip. If you have any questions regarding direct deposit of your HAP, please call the CHA Customer Call Center at 312-935-2600 or e-mail [directdeposit@thecha.org](mailto:directdeposit@thecha.org).

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program. There are three ways to submit your direct deposit form:

- 1. Mail:** CHA Housing Choice Voucher Program  
 Attn: Direct Deposit  
 60 E. Van Buren Street, 9th Floor  
 Chicago, IL 60605
- 2. Email:** [directdeposit@thecha.org](mailto:directdeposit@thecha.org)
- 3. Fax:** 312-786-6966

**Direct Deposit Form Key**  
**Register Correctly the First Time by Following These Guidelines**

A	<b>Date</b> - Date of form being filled for submission and on Form W-9 must match
B	<b>Owner #</b> - From HAP check stub, if known
C	<b>Voucher # for Participant</b>
D	<b>Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account</b> - Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
E	<b>The name indicated as the Payee Name and on Form W-9 must match</b>
F	<b>The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match</b>
G	<b>Authorized Person</b> - E-mail, Address, City, State, Zip, Phone, Signature

\*rev. 9/11, barcode: ACH Docs

**CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS**

**[ ] Central Office**  
 60 E. Van Buren Street, Chicago, IL 60605

**[ ] South Office**  
 1749 E. 75th Street, Chicago, IL 60649

**[ ] Southwest Office**  
 10 W. 35th Street, Chicago, IL 60616

**[ ] West Office**  
 2750 W. Roosevelt Road, Chicago, IL 60608

**CHA Customer Call Center / TTY**  
 312-935-2600 / 312-461-0079

**Web**  
[www.thecha.org/hcv](http://www.thecha.org/hcv)

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: **CHA Housing Choice Voucher Program, Owner Direct Deposit Program, 60 E. Van Buren, 8th Floor, Chicago, IL 60605-1207**, e-mail it to **directdeposit@thecha.org** or fax it to **312-786-6966**.

Date: \_\_\_\_\_ **A** Owner# (from HAP check stub): \_\_\_\_\_ **B** Voucher #: \_\_\_\_\_ **C**

NEW ENROLLMENT  CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAPs) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____	
Account Number: _____	Routing and Transit Number: _____
Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>D</b>

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

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. **The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

**Payee or an authorized person must complete the following and sign this request.**

Payee Name: \_\_\_\_\_ **E** SSN or Federal Tax I.D. #: \_\_\_\_\_ **F**  
(Please Print Legibly)

Name of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Legibly)

E-Mail Address: _____ (Required)	
Address: _____	City: _____ State: _____ ZIP Code: _____
Telephone: Office (____) _____	Cell (____) _____
Signature of Owner or Authorized Person: <b>X</b> _____	<b>G</b>

**Failure to answer all questions and provide all documentation will result in delay of processing your request.**  
Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of CHA will result in penalties and fines. \*rev. 9/11, barcode: ACH Docs

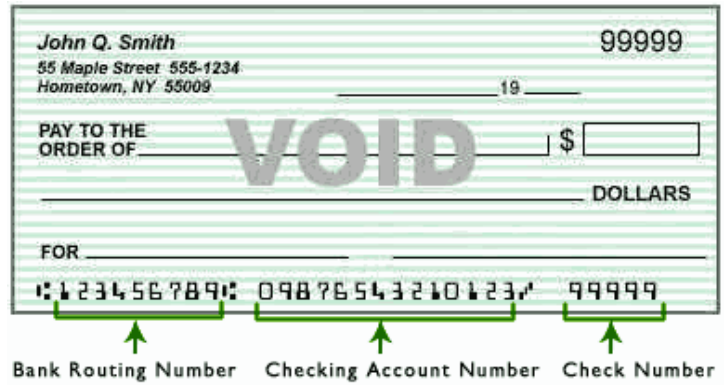
**CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Central Office</b><br>60 E. Van Buren Street, Chicago, IL 60605 | <input type="checkbox"/> <b>Southwest Office</b><br>10 W. 35th Street, Chicago, IL 60616 | <b>CHA Customer Call Center / TTY</b><br>312-935-2600 / 312-461-0079 |
| <input type="checkbox"/> <b>South Office</b><br>1749 E. 75th Street, Chicago, IL 60649      | <input type="checkbox"/> <b>West Office</b><br>2750 W. Roosevelt Road, Chicago, IL 60608 | <b>Web</b><br>www.thecha.org/hcv                                     |

# CHANGE.

**CHICAGO HOUSING AUTHORITY**  
HOUSING CHOICE VOUCHER PROGRAM

**DIRECT DEPOSIT AUTHORIZATION**  
Attach Voided Check  
or  
Savings Account Deposit Slip



CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

**DEPOSIT TICKET**

71-7403/2719  
25  
CASH

C  
H  
E  
C  
K  
S

CHECKS OR TOTAL FROM OTHER SIDE

TOTAL ITEMS

LESS CASH

NET DEPOSIT \$

First/Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

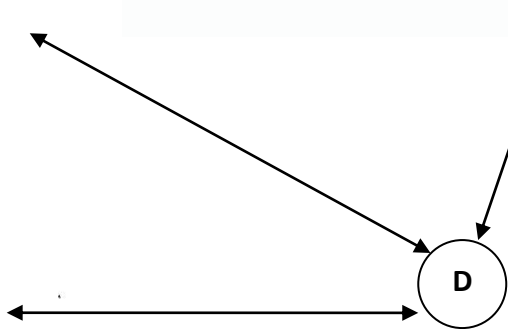
DATE \_\_\_\_\_  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE IF CASH RECEIVED FROM DEPOSIT \_\_\_\_\_

First Bank of You \_\_\_\_\_

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

⑆0150 ⑆⑆⑆ 3034 ⑆ 0015075100 ⑆⑆ " 909



**Please Note:** The following verification documents must be provided:

- Voided check/savings deposit slip must include:
  - Encoding (the numbers on the bottom of your check/savings deposit slip)
  - Entity/Person must be the same as printed on the Direct Deposit Form
    - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
  - Must include the entity/person information
  - Routing/Account Number
  - Signed by an authorized representative of the Financial Institution

\*rev. 9/11, barcode: ACH Docs

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