

# CHANGE.

**CHICAGO HOUSING AUTHORITY**  
**Housing Choice Voucher Program**

## **DIRECT DEPOSIT PROGRAM**

As a property owner receiving Housing Assistance Payments (HAP), you are required to enroll in CHA's direct deposit program in which HAP payments will be deposited electronically into your bank account. CHA offers direct deposit of monthly Housing Assistance Payments (HAP) as a way to increase efficiency and improve service to participating landlords.

### **Some of the benefits of direct deposit include:**

- Timely electronic deposit of your monthly HAP check;
- Immediate availability of funds from your HAP check on the payment date;
- Reduced risk of check fraud and lost or stolen checks;
- Saves time—no need to go to the bank or ATM to deposit;
- You will continue to receive a written statement similar to your current check stub that lists the detailed line item transactions that make up your deposit; and
- Enrollment is free.

### **You will need to complete and submit two documents to initiate the direct deposit of your HAP Payments:**

- The Direct Deposit Authorization Form and
- A Voided Check from your checking account **OR**
- Savings Deposit Slip or Letter from your financial institution indicating the Savings Account Number and routing number

### **Fax all of the documents to 312.786.6966 or Mail all of the documents in a single envelope to:**

**Chicago Housing Authority**  
**HCV Finance Direct Deposit Program**  
**60 East Van Buren • 8th Floor**  
**Chicago, Illinois 60605-1207**

**Your direct deposit request will be processed as soon as an approval is granted by your financial institution.** This process can take up to thirty (30) business days upon receipt of your completed forms, at which we will electronically transfer one cent (\$0.01) into your account sent to you from Harris Bank, as a test transaction. Receipt of the one-cent credit directly deposited into your account will indicate that the process is complete and that your next HAP will automatically be deposited. Each month thereafter, a deposit of your HAP sent to you from Harris Bank will appear in your account as long as your unit is in compliance with the HCV Program. In addition to the benefits outlined above, you will receive a written statement detailing your account through the mail each month. You must notify us by completing another set of the aforementioned forms when you close an account or change financial institutions.

We appreciate your participation in the Chicago Housing Choice Voucher Program and look forward to a seamless transition to direct deposit. If you have any questions or comments, please do not hesitate to contact us at **312.935.2600** and select the prompt for **Direct Deposit**.

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

To implement direct deposit of Housing Assistance Payments (HAP), return this completed form, along with a voided check OR savings account deposit slip to: the Chicago Housing Authority, HCV Finance Direct Deposit Program, 60 East Van Buren St. 8<sup>th</sup> Floor, Chicago, IL 60605-1207 or fax it to 312 786-6966.

Date: \_\_\_\_\_ AGENT OWNER# (from HAP Check Stub): \_\_\_\_\_

NEW ENROLLMENT       CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) to deposit my Housing Assistance Payments 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_ Type of Account (check one):  Checking  Savings

This authorization is to remain in full force and effect until CHA has received written notification from me of its termination in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it. CHA 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 the CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to the CHA by the financial institution. **The payee certifies compliance with the Housing Assistance Payment Contract by accepting direct deposit. The payee also certifies that the unit(s) assisted under the Housing Assistance Payment Contract are in full compliance with the terms of the contract.**

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

Payee Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Please Print Legibly)

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

Title: \_\_\_\_\_ SSN or Federal Tax I.D. # \_\_\_\_\_

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

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

Telephone: Office (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

### **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/or Management Agents who violate this law may also be debarred from future participation in the Housing Choice Voucher 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 Chicago Housing Choice Voucher 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 or Management Agents or any law by employee and/or agent of the CHA will result in penalties and fines.