



HOUSING AUTHORITY OF SNOHOMISH COUNTY

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ATTENTION SECTION 8 LANDLORDS

The Housing Authority of Snohomish County is pleased to offer direct deposit to Section 8 landlords. The Housing Authority will deposit your Housing Assistance payments directly into your checking or savings account. To begin this direct deposit service, simply fill out the authorization form and return it to the Housing Authority. A check stub itemizing the amount deposited and for which tenants payments were made will be mailed to you.

The authorization is only valid with your signature. If a second signature is required to withdraw funds from your account, that signature is also required on the authorization form.

The Housing Authority will test the data received from you before transmitting funds electronically. Funds will be deposited by the 3rd business day of each month, pending verification of funding from HUD. Your Direct Deposit will be activated once you receive the Itemized Check Stub.

No more lost checks or running to the bank!

We hope you will take advantage of this service. For questions call Carole Freeman x520 or Rebecca Chan x524.

Direct Deposit Signup/Change Form
For Housing Assistance Payments

To sign up for direct deposit:

1. Fill out the form below. (The form must be signed by the owner or authorized agent. If your bank account requires two signatures, both parties must sign this form)
2. Deposits can be made to your **Checking** or **Savings** accounts. Send a **Voided** check or a photocopy of a **Voided** check. If you do not have a voided check, call your bank and get the correct bank routing number, the correct account number, and list them on the form below. **Do not send** a deposit slip because they do not contain the correct information.

If you have any questions please contact Carole Freeman at (425) 290-8499 x520
Thank you.

Authorization Agreement for Direct Deposit

I hereby authorize the Housing Authority of Snohomish County to initiate credit entries (Deposits) and to initiate, if necessary debit entries and adjustments to correct any previous credits which may have been posted in error to my (our) account.

This Authorization applies to my (our) _____ **Checking** or _____ **Savings** (Select one) account indicated below at the financial institution named below, hereinafter called depository.

Depository (Bank) Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Bank Routing No: _____ Account #: _____

This authority is to remain in full force and effect until the Housing Authority has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Housing Authority a reasonable opportunity to act on it.

Print Name: _____ Social Security # _____
Or Tax ID# _____

Print Name: _____ Social Security # _____
Or Tax ID# _____

Authorized Signature Date

Authorized Signature Date