



# HAP Electronic Funds Transfer (Direct Deposit) Application – S8 TENANT

The following information must be completed to initiate your monthly UAP payment. Please attach a voided check or an authorized letter from your financial institution. RETURN TO: 2211 ORLEANS, ATTENTION: FINANCE TECH, DETROIT MI 48207 OR FAX TO 313 392-9254 OR 313-393-3229

(Please Print All Information)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

E-Mail address: \_\_\_\_\_

**New**     **Change** (check one box)

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

**Checking**

**Savings**

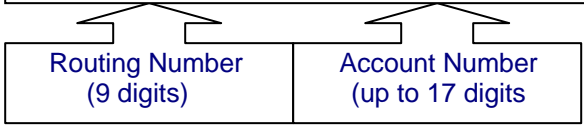
Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**For a CHECKING account:**  
Write VOID on an unused check and attach here.

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

John and Mary Jones	1234
123 Main Street	
Anytown, MI 48888	
Pay to: _____	\$ _____
VOID -- VOID -- VOID -- VOID -- VOID -- VOID -- VOID _____ DOLLARS	
Anytown Bank	
Anytown, MI 48888	
For: _____	Do not complete shaded Area
I: 072123456 I: 001234567890 " ' 1234	



Please complete this section if this is a change

Old Routing Number \_\_\_\_\_ Old Account Number \_\_\_\_\_

I authorize the Detroit Housing Commission 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 Detroit Housing Commission.

I authorize the Detroit Housing Commission 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 Detroit Housing Commission if and when adjustments are being made.

I agree to comply with the Detroit Housing Commission rules about electronic transfers. Michigan law governs electronic fund transactions in all respects except as otherwise superseded by Federal law.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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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