



HAP Electronic Funds Transfer (Direct Deposit) Application – S8 Landlord

The following information must be completed to initiate your monthly HAP payment. Please attach a voided check or an authorized letter from your financial institution. **RETURN TO:** DHC 2211 ORLEANS,

ATTENTION: FINANCE TECH, DETROIT MI 48207 or FAX: (313) 392-9254 or Email: eftinfo@dhcmi.org

(Please Print All Information)

Landlord's Name _____ Social Security Number XXXX - XX -

Company Name (If Applicable) _____ TAX ID # _____ - _____

Mailing Address _____ Telephone No. (____) _____

City _____ State _____ Zip Code _____

E-Mail address (**required**): _____

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

Bank Name : _____

☐ **Checking**

☐ **Savings**

Bank Routing Number _____

Bank Account Number _____

THE NAME ON THE BANK ACCOUNT MUST MATCH THE TIN / EIN # PROVIDED TO DHC. A 1099 WILL BE ISSUED FOR FUNDS DEPOSITED TO THIS ACCOUNT THAT EXCEED \$600.

For a CHECKING account: Write VOID on an unused check and attach here or submit a verification letter from your financial institution. **NO STARTER CHECKS.**

For a SAVINGS account: Contact your financial institution and obtain written verification of your account and routing numbers. Attach verification to this form.

John and Mary Jones
123 Main Street
Anytown, MI 48888

1234

Pay to: _____ \$ _____

VOID - - VOID - - VOID - - VOID - - VOID - - VOID - - VOID _____ DOLLARS

Anytown Bank
Anytown, MI 48888

For: * * * * * * * * * * * * * * * *

I: 072123456 I: 001234567890 " " 1234

Routing Number (9 digits)

Account Number (up to 17 digits)

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.

Landlord's / Authorized Representative's Signature _____

Date _____

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

Date entered into system: _____ By: _____