

**HOUSING AUTHORITY OF NEW ORLEANS
HOUSING CHOICE VOUCHER PROGRAM**

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete the following information exactly as stated in the Housing Assistance Payment Contract. (Please Print)

Name of Payee(s): _____

Federal I.D. Number(s): _____

Social Security Number: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

ABA/ Routing Number: _____

Account #: _____ () Checking () Savings

Effective Date of Direct Deposit: _____

Attach a deposit slip or voided check containing the financial institution's routing code and your personal account code. Copies of checks or deposit slips are not acceptable. No counter checks or deposit slips with handwritten information will be accepted.

Please mail or fax to:
Housing Authority of New Orleans
Section 8 Department
4100 Touro Street
New Orleans, LA 70122
FAX: (504) 362-9508

Payee Certification: We/I hereby certify that the person(s) identified above is/are the contract payee(s) and are entitled to payment(s) under certain duly executed Housing Assistance Payments Contract(s). We/I further certify that through receipt of payment(s) under this authorization, we/I confirm that those individuals identified in such contract are residing in the dwelling unit and that said unit is in full compliance with the federal Housing Quality Standards (HQS).

Signature: _____ Date: _____

Signature: _____ Date: _____