



Housing Authority of the City of Prichard
Direct Deposit Authorization
Housing Choice Voucher (Section 8) Program

☐ New Direct Deposit Setup

☐ Change of Information

Landlord Name	Tax ID or SSN	Phone No.
Address		City, State Zip
Please list at least one active tenant/property address		

Bank Name and Branch	
City, State Zip	

Account Type:

☐ Checking ☐ Savings

Routing Transit Number

Account Number

ATTACH VOIDED CHECK HERE

I hereby authorize the Housing Authority of the City of Prichard, Alabama to deposit my payments by electronic funds transfer into the account specified above and, if necessary, debit entries deposited in error.

This authorization is to remain in full force and effect until HACP has received written notification from the undersigned of a change in the above information in such time and in such manner as to afford the Housing Authority a reasonable time to act on it.

Authorized Signature

Date