

Direct Deposit Authorization Agreement Section 8 Landlords

I hereby authorize Neighborhood Foundations (Housing Authority of Newport) to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authorization is to remain in effect until revoked by me in writing or by termination of my rental contract with Neighborhood Foundations (Housing Authority of Newport).

Print name _____ **Date** _____

Landlord Signature _____

Address _____

Phone# _____

EIN# _____ **-OR-** **SS#** _____

CHECKING ACCOUNT

Checking Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

*****Attach a voided check or a copy of a check*****

SAVINGS ACCOUNT

Savings Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

*****Attach a deposit slip or call bank to get Routing Number*****
