



## **HOUSING AUTHORITY OF ISLAND COUNTY**

7 N.W. 6<sup>th</sup> St. • Coupeville, WA 98239-3400

(360) 678-4181 or 1-800-321-0686

FAX (360) 678-6969

email: [info@islandcountyha.org](mailto:info@islandcountyha.org)

### **ATTENTION SECTION 8 LANDLORDS**

The Housing Authority has the ability to deposit your Housing Assistance payments directly into your checking or savings account each month, saving you a trip to the bank. To begin this direct deposit service, simply fill out the enclosed authorization form and return it, along with a voided check, to the Housing Authority at 7 NW 6<sup>th</sup> Street, Coupeville, WA 98239-3400.

The authorization is only valid with your signature. If a second signature is required to withdraw funds from your account, that signature is also required on the authorization form.

Your monthly rent check will be deposited by the 3<sup>rd</sup> business day of each month until you notify us in writing to terminate or change this direct deposit.

No more lost checks or worrying about getting to the bank. We hope you will take advantage of this convenient service. For questions please call (360) 678-4181 and ask for Bettie Sifuentes-Hart.

# HOUSING AUTHORITY OF ISLAND COUNTY

## DIRECT DEPOSIT SIGNUP/CHANGE FORM For Housing Assistance Payments

To sign up for direct deposit:

1. Fill out the form below. The form must be signed by the owner or authorized agent. If your bank account requires two signatures, both parties must sign this form.
2. Deposits can be made to your **Checking** or **Savings** accounts. Attach a **Voided** check or a photocopy of a **Voided** check (do **not** send a deposit slip). If you do not have a voided check, call your bank and get the correct bank routing number and the correct account number and list them on the form below. Mail to 7 NW 6<sup>th</sup> Street, Coupeville, WA 98239.

If you have any questions, please contact Bettie Sifuentes-Hart at (360) 678-4181 (fax 360-678-6969). Thank you.

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### Authorization Agreement for Direct Deposit

I (we) hereby authorize the Housing Authority of Island County to initiate credit entries (Deposits) and to initiate, if necessary, debit entries and adjustments to correct any previous credits which may have been posted in error to my (our) account.

This Authorization applies to my (our) Checking \_\_\_\_\_ or Savings \_\_\_\_\_ (Select one) account indicated below at the financial institution named below, hereinafter-called depository.

Depository (Bank) Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

**This authority is to remain in full force and effect until the Housing Authority has received written notification from me (or us) of its termination in such time and in such manner as to afford the Housing Authority a reasonable opportunity to act on it.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Social Security No./Tax ID No.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Social Security No./Tax ID No.