



FORT WORTH HOUSING AUTHORITY
"Investing in the Community"

DIRECT DEPOSIT FORM
HOUSING CHOICE VOUCHER (formerly Section 8) PROGRAM

P.O. BOX 430, FORT WORTH, TX 76101
 Phone: 817-333-3616 Fax: 817-877-3576

You will also need to submit this information any time a change occurs in your banking institution, ownership or managing agent.

Property Owner Name: _____ Home Phone #: _____

Mailing Address: _____ Fax #: _____

Managing Agent of Property: _____ Phone #: _____

Mailing Address: _____ Fax #: _____

Tax Identification Number/SS Number: _____ Tax ID /SS Number refers to: Owner Agent
 Please note that the party receiving the monthly payment will be the party responsible for receipt of the 1099

| | | | |
|----------------------------|---------------------------------------|--|---|
| ATTACH VOIDED CHECK | Bank Name: | | Banking Information refers to: <input type="checkbox"/> Property Owner <input type="checkbox"/> Managing Agent |
| | Contact Name: | | |
| | Bank Address: | | |
| | Bank Phone: | | |
| | Name as if appears on account: | | |
| | Electronic Routing Number: | | |
| | Account Number: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |

COMPLETE and ATTACH A VOIDED CHECK (**NOT** A DEPOSIT SLIP)

You may view your detailed monthly statement online at www.ftwha.org
 Vendor Number and Tax ID/SSN are **REQUIRED**

I certify the aforementioned information is correct. I understand that future housing assistance payments will be deposited electronically into this account. I agree to notify FWHA promptly should this information change.

 OWNER SIGNATURE _____
DATE

THIS FORM MUST BE NOTARIZED by PROPERTY OWNER (If Managing Agent is designated as payee)

SIGNED BEFORE ME, the undersigned authority, on this day _____ personally appeared known to me to be the person who has signed the foregoing document, and after being duly sworn, acknowledged to me that he/she had executed the same for the purposes and considerations therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 200_____.

Signature of Notary _____ My commission Expires: _____

Notary Public Appointed in _____ county For the State of _____