

Housing Authority of the City of Hammond
Of Lake County Indiana
1402 – 173rd Street
Hammond, IN 46324
219-989-3265, ext 312

Housing Choice Voucher HAP Direct Deposit Authorization Form

The Hammond Housing Authority (HHA) has MANDATED Direct Deposit for disbursement of Housing Choice Voucher Assistance Payments (HAP). **PAYMENT WILL BE HELD UNTIL BANK INFORMATION HAS BEEN PROVIDED!**

Original forms must be received. **No faxes or copies will be accepted.**

Please Complete the following information

Owner / Landlord Name with Hammond Housing Authority: _____

Owner(s) Name on the Account: _____

Name of Bank: _____

Street Address of Bank: _____

City, State, Zip Code of Bank: _____

Telephone Number for Bank: _____

Contact Person from Bank: _____

Bank Routing Number (9 Digits): _____
(A voided check must be attached)

Bank Account Number: _____
(The full amount of payment will be deposited into one (1) account only)

Type of Bank Account: _____
(i.e., Checking or Savings)

Email Address: _____
(Required in order to receive Statement)

Tenants Name: _____
(List additional names on back if necessary)

HAP is scheduled for deposit between the 1st day through the 5th day of each month. Payments may be delayed further if funds have not been received from HUD

Effective immediately, I authorize and direct the HHA to initiate Direct Deposit to my account indicated above. If an incorrect amount is deposited into my account, I authorize HHA to make the appropriate adjustment(s) This authorization will remain in effect until the HHA receives written notice of termination from me in such time and manner as to allow the HHA a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the U.S. law.

Owner Signature & Contact Number

Date