

# Direct Deposit Form

Housing Choice Voucher Program (formerly Section 8)



The Direct Deposit Form will need to be submitted if at any time a change occurs in your banking institution, ownership change and/or payee/ managing agent. Please submit to [landlordservicesengagement@fwhs.org](mailto:landlordservicesengagement@fwhs.org). Please email any questions or concerns.

Property Owner Info		Managing Agent Info	
Owner Name:	_____	Agent Name:	_____
Owner Address:	_____	Agent Address:	_____
City, State Zip:	_____	City, State Zip:	_____
Home Phone #:	_____	Home Phone #:	_____
Fax #:	_____	Fax #:	_____
Email Address:	_____	Email Address:	_____
Tax ID #/ SS #	_____	Tax ID #/SS #	_____

<b>ATTACH A VOIDED CHECK</b>	Bank Name:	_____		<b>Banking Information Belongs To:</b>  <i>Select only ONE of the following:</i>  <input type="checkbox"/> Owner  <input type="checkbox"/> Managing Agent
	Bank Address:	_____		
	Bank Phone #:	_____		
	Name on the account:	_____		
	Routing Number:	_____		
	Account Number:	_____		
	<i>Select only ONE of the following:</i>	<input type="checkbox"/> Checking Account	<b>22</b>	
	<input type="checkbox"/> Savings Account	<b>32</b>		
<b>Please note that the party receiving the monthly payment will be responsible for receipt of the 1099</b>				

VIEW DETAIL STATEMENTS ONLINE AT <http://www.fwhs.org> \*\*Select LANDLORD PARTNER PORTAL\*\*

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

\_\_\_\_\_ Owner Signature \_\_\_\_\_ Date

Property Owner must provide notarized form **ONLY** if the managing agent is the designated 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 \_\_\_\_\_, 20\_\_\_\_\_.

County of: \_\_\_\_\_ Notary Signature: \_\_\_\_\_

State of: \_\_\_\_\_ Seal: \_\_\_\_\_



August 30, 2022