

**OUR AGENCY IS MOVING TO DIRECT DEPOSIT OF RENTAL CHECKS  
- SIGN UP NOW!!!**

**OWNER REQUEST FOR DIRECT DEPOSIT**

Mail to: OHA, 2661 Washington, Ogden, UT 84401

FAX to: (801) 627-6012

email to: fulcher@xmission.com

Please complete this form if you wish to have your Housing Assistance Payment directly deposited. **Only persons authorized on the account may complete this form.** The agency may only deposit in to one specific account and will provide no mailed acknowledgement of the payment or the amount per tenant, etc.

|  |  |               |  |             |  |
|--|--|---------------|--|-------------|--|
| <b>OWNER'S NAME</b>  |  |               |  |             |  |
| <b>ADDRESS:</b>  |  |               |  |             |  |
| <b>CITY</b>  |  | <b>STATE</b>  |  | <b>ZIP:</b> |  |
| <b>PHONE:</b>  |  | <b>PHONE:</b> |  |             |  |
| <b>Tenants:</b>  |  |               |  |             |  |
| Please NOTE – The agency will not provide a printout for multiple tenants: |  |               |  |             |  |

|   |  |                       |  |             |  |
|---|--|-----------------------|--|-------------|--|
| <b>FINANCIAL INSTITUTION NAME</b>   |  |                       |  |             |  |
| <b>ADDRESS:</b>   |  |                       |  |             |  |
| <b>CITY</b>   |  | <b>STATE</b>          |  | <b>ZIP:</b> |  |
| Please check the type of account:    Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> |  |                       |  |             |  |
| <b>ROUTING NUMBER</b>   |  | <b>ACCOUNT NUMBER</b> |  |             |  |

I hereby authorize the Housing Authority of the City of Ogden (the Authority) and its agents, including financial institutions to initiate electronic credit entries to my checking and/or savings account(s) listed above. I understand that I will not receive a written confirmation of this transaction from the Authority. Payments due on the 1<sup>st</sup>, when the first falls on a weekend, will be deposited on the next banking day. I understand that it is my responsibility to advise the Authority of any overpayments or underpayments and that I may only accept payments for units where the tenant is still in residence. This agreement will remain in effect until I have informed the Authority that I wish to cancel in writing and the Authority has had reasonable time to effect such cancellation.

\_\_\_\_\_  
Signature of Person with Authority over the Bank Account

\_\_\_\_\_  
Date

- \*Please list your tenants.
- \*\*Requests received after the 15<sup>th</sup> of any month may not take effect for 45 days.