

DIRECT DEPOSIT AUTHORIZATION

For HAP Payee Only or Owners that will receive HAP Payments Directly

INSTRUCTIONS

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that the HAP Payee register for direct deposit to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, MDHCV assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to MDHCV by the financial institution and that you may incur fees and/or other penalties payable to MDHCV.

By Mail: Miami Dade Housing Choice Voucher Program
Attn: Finance
PO BOX 521750
Miami, FL 33152-1750

<p>Section 1 (To be completed by Vendor)</p>	<p><u>Please complete in blue ink</u></p> <ul style="list-style-type: none">a. If you are an existing vendor only complete Section 1b. Mark the correct box if you are a new owner, making a change to an existing account or want to delete the account on file.c. Are you an existing owner at MDHCV? Mark yes or no and provide your vendor ID#d. Provide the tax id number if you are a company and provide your SSN# if you are a sole owner. The party identified will receive the 1099 at the end of the year. The information provided must match the W9 form providede. Address provided must match the address of must match the W9 form provided
<p>Section 2 (To be completed by Bank)</p>	<ul style="list-style-type: none">a. Enter the Financial/Banks institution name, mailing address, contact numberb. Determine if the account information provided is a checking or savings accountc. Enter the account numberd. Enter the routing number (the first nine digits before the account number bottom left corner of the check)e. Enter the bank stampf. Signature of the authorized bank official
<p>Section 3 (To be completed by Bank)</p>	<p>This section to be completed by Miami Dade and Housing Finance Division Accounting Staff</p>
<p>ATTACH (To be submitted by Vendor)</p>	<p>Must match vendor name →</p> <div data-bbox="698 1396 1242 1711"><p>John Q. Smith 55 Maple Street 555-1234 Hometown, NY 55009</p><p>19__</p><p>PAY TO THE ORDER OF \$</p><p>DOLLARS</p><p>FOR</p><p>023456789 098765432101234 99999</p><p>Bank Routing Number Checking Account Number Check Number</p></div> <p>ATTACH A VOIDED CHECK</p>



Daniella Levine Cava
Mayor
www.miamidade.gov

**Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750 Miami, FL 33152-1750

TTD/TTY Florida Relay Service: 1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222

Si necesita ayuda con este formulario, llame al 305-403-3222

Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

Self Service Portal: www.mdvoucher.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize the Miami-Dade Housing Agency to initiate credit entries to my (our) account in the financial institution named below and authorize the financial institution to create the same to my (our) account. The authorization is to remain in effect unless revoked by the vendor in writing to the Miami-Dade Housing Agency. Account changes must be reported to the Miami-Dade Housing Agency thirty (30) days prior to the actual change. Failure to report information timely may result in breach of HAP contract and termination and delay or forfeiture of the attempted and future payments.

If you are an existing vendor only complete Section 1.

SECTION 1 – (To be completed by vendor)	
TYPE OF TRANSACTION (check one): <input type="checkbox"/> ADD (new) <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	
SECTION 8 LANDLORD? YES <input type="checkbox"/> NO <input type="checkbox"/>	VENDOR NAME: _____
FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: _____	
MAILING ADDRESS: _____	
CITY, STATE, ZIP: _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
PAYEE PRINTED NAME _____	PAYEE SIGNATURE _____
CO-PAYEE PRINTED NAME _____	CO-PAYEE SIGNATURE _____

SECTION 2 – (To be completed by financial institution)																			
DIRECT DEPOSIT TO BE MADE TO																			
FINANCIAL INSTITUTION NAME: _____																			
MAILING ADDRESS: _____																			
CITY, STATE, ZIP: _____	TELEPHONE NUMBER: _____																		
TYPE OF ACCOUNT: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>																			
BANK ROUTING NUMBER (The first nine digits prior to the account number in the bottom left corner of the check).																			
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BANK ACCOUNT NUMBER _____	BANK STAMP: _____																		
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BANK OFFICIAL (Please Print Legibly): _____ DATE: _____																			

SECTION 3 – (To be completed by HCD Finance Division)	
DATE RECEIVED: ____/____/____	ACH BANK CODE: _____
VENDOR NUMBER: _____	ACH PROCESSED: ____/____/____
PROCESSED BY: _____	SIGNATURE _____
DISBURSEMENT OFFICER APPROVAL BY: _____	SIGNATURE _____

****MUST BE SUBMITTED IN ORIGINAL. FAX, E-MAIL, OR COPIES WILL NOT BE ACCEPTED.****