

Asheboro Housing Authority
338 West Wainman Avenue * P.O. Box 609
Asheboro, NC 27204-0609
Phone (336) 629-4146 Fax (336) 625-0651
TDD 800-545-1833 Ext. 419

Attention: Owners/Agents

Asheboro Housing Authority (AHA) would like to take this opportunity to inform you that we have instituted direct deposit for housing assistance payments. This method of payment will be especially beneficial since payments will be deposited to your account by the third working day of each month. This will eliminate problems such as lost or delayed checks. A statement listing all the information that is currently contained on the check stubs will be mailed to coincide with the receipt of the direct deposit.

In order to begin having your monthly check deposited directly into your checking or savings account on the effective date, please complete the form at the bottom of this letter. Please be aware that this may take one payment cycle to go into effect and that your first payment may be an actual check rather than a direct deposit advice.

If you have any questions regarding this matter, please contact Angela Whitt at (336) 629-4146 Ext 209.

I hereby authorize Asheboro Housing Authority to deposit any amounts owed me by initiating credits to my account at the financial institution (hereinafter BANK) indicated below. In the event that the Asheboro Housing Authority deposits funds erroneously into my account, I agree to refund the full amount of the erroneous credit within 5 working days from the date of the erroneous deposit. Any amounts not refunded will be withheld from any future monies due.

Owner/Agent Name: _____

Landlord Phone Number _____

Landlord Email Required _____

Bank Name: _____ Branch: _____

Bank City: _____ State: _____ Zip: _____

Routing Number _____ Account Number: _____

Type of Account: Checking Savings Reloadable Money Card

Attach a voided check to this form and return to AHA

This authorization is to remain in full force and effect until the Asheboro Housing Authority has received written notification from me of its termination in such time as to afford the Asheboro Housing Authority and BANK a reasonable opportunity to act on it.

Signature

Date