

TO: Landlords / Owners

FROM: Michael S. Bishop

Chief Executive Officer

SUBJECT: Mandatory Direct Deposit of Housing Assistance Payments (HAP)

All HAP will be paid through Direct Deposit. Attached is a Direct Deposit Authorization Form that you must complete and return to us via fax or email. Please be sure to include a voided check with the authorization form.

All new Direct Deposit setups or ownership / bank account changes should be sent to Elisa Fabela at adminassistant@iha1.org. You can also fax it to (816) 988-2540 or mail to:

Elisa Fabela Executive Administrative Assistant Independence Housing Authority 4215 S. Hocker Dr, Bldg. 5 Independence, MO 64055 816-836-9200 ext. 346

Visit our website at www.iha1.org for your landlord portal and other information documents and/or requirements that you may need.

All other paperwork regarding Move-Ins (RFTAs, moving packet documents, etc.) or Ports should be sent to the appropriate HCV Program Specialists and our website, www.iha1.org, will have the most updated information available for caseload assignments and will be updated seamlessly of any changes that occur with staff.

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to: Elisa Fabela

adminassistant@iha1.org PHONE: (816) 836-9200 x346

Representative Signature Revised: 4/19/2021(MB) INDEPENDENCE HOUSING AUTHORITY 4215 S. Hocker Dr., Bldg. 5 INDEPENDENCE, MISSOURI 64055

FAX (816) 988-2540 PLEASE ATTACH A VOIDED CHECK TO THIS FORM. PART 1: Transaction Type New setup Change financial institution Cancellation (Leave Part 4 blank) Change account number Change account type PART 2: Payee Identification Tax ID (Social Security Number or Employer Identification Number) Work Phone Number Name Home Phone Number Street Address City State Zip PART 3: Authorization for Setup, Changes, or Cancellation I hereby request and authorize the Independence Housing Authority to deposit payments by electronic funds transfer into the account specified below. Any overpayments will either be requested back in a check payment from the landlord or IHA could deduct the overage from your total HAP payment the next month. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information. Authorized Signature Printed signature PART 4: Financial Institution (Must be completed by Payee, Owner, or Manager.) Financial Institution Name Type of Account (please circle one) Routing transit number Customer Account Number Checking Savings . Representative Name (please print) Date