CHATHAM COUNTY HOUSING AUTHORITY
DIRECT DEPOSIT REQUEST FORM

PLEASE NOTE THE FOLLOWING:

- You must have a checking or savings account
- Direct Deposit will only be made to one bank account
- The entire amount of the Housing Assistance Payment (HAP) will be deposited
- No partial deposits will be made
- Monies will be deposited on CCHA's second business day of the month
- Any changes to your account information must be submitted in writing along with a new Direct Deposit Request Form

Landlord/Owner Information

_____ _____

Owner Name or Business Name (please print) Owner Signature

_____ _____

Contract Name (if different from above) Phone Number

_____ _____

Assisted Unit Address Tenant Name

***Note: If you have multiple addresses and tenants please attach a list ***

(Account # _____)

(Check ONE only) Checking ☐ Savings ☐

The following information must be attached to this request form:

- A Voided Check, or
- Direct deposit statement from your bank which states your account name, account number and routing number on their letterhead or form. ***Starter checks and deposit slips are unacceptable.***
- A copy of your most recent HAP check stub.

Return this form and the requested items to

Chatham County Housing Authority
P O Box 571
Siler City, NC 27344

CCHA Office Use Only

Date Received _____ Effective Date _____

Landlord/Owner #_____ CCHA Staff Initials_____