



HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM
 400 US HIGHWAY #1 (MARION GARDENS), JERSEY CITY, NJ 07306
 TEL: 201-706-7677/4678 FAX: (551)256-7736/7737 www.jcha.gov.us

CASEWORKER'S INITIALS: _____

Direct Deposit Authorization

Name of Owner: _____ SS #/ TAX ID: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Name of Tenant: _____

Check this box if changing existing account

Check this box if new Owner

Account Information _____

Account type: Checking Savings

Bank routing number (ABA number)*: _____

Account number**: _____

Name of Financial Institution: _____ Branch: _____

City: _____ State: _____ Phone #: _____

Attach a voided check here

Authorization: I hereby authorize the Housing Authority of the City of Jersey City, hereinafter referred to as JCHA, to deposit the Housing Assistance payment (HAP) that is due to me into my checking/savings account with the financial institution indicated below, and to initiate credit/debit entries and adjustments to the same account in the event of any errors in the credit/debit entries effected by the JCHA.

This authorization is to be in effect until the JCHA receives written notification from me of its termination in such time and manner to afford the JCHA and the financial institution reasonable time to act on it.

Signature: _____ **Date:** _____

**This information can be found at the bottom of your check. /deposit slip. It is required that you attach a "VOIDED" check for Checking Account, or a Deposit Slip for a Savings Account to confirm the account and routing numbers.*

***In case of change in account number, please inform the JCHA immediately, so as to ensure payment into the proper account.*

FOR JCHA HCVP USE ONLY

Inputted By: _____ Date: _____