

MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY

DIRECT DEPOSIT REQUEST FORM

(Housing Choice Voucher/Section 8 Program Only)

Direct Deposit is **MANDATORY** for all owners/landlords that desire to participate in the MHRA Section 8 program.

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. - **Any changes** to your account information must be submitted **in writing** along with a new direct deposit request form and bank document.

THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS REQUEST FORM:

- A voided check or another valid bank document, which bears the **name and address** of the landlord, routing number and account number encoded on the form.
- **Please note the following:**
 - The name and address should **MATCH** the current landlord information on the Section 8 system.
 - **STARTER CHECKS AND DEPOSIT SLIPS ARE NOT ACCEPTABLE BANK DOCUMENTS.**

Return this form and the requested items to: **Manchester Housing and Redevelopment Authority**

**198 Hanover Street
Manchester, NH 03104-6125
Attn: Mary Flores**

If you have any questions or concerns, contact mflores@manchesterhousing.org, (603) 624-2145.

OWNER NAME: _____ **OWNER ADDRESS:** _____
(MUST BE THE OWNER'S PHYSICAL ADDRESS AND THE ADDRESS MUST MATCH THE ADDRESS ON THE BANK DOCUMENT)

***OWNER EMAIL:** _____ **OWNER TELEPHONE NUMBER:** _____

*** A VALID email address is REQUIRED for program participation. To ensure delivery of email correspondence regarding your deposit from MRHA, please add mflores@manchesterhousing.org to your contact list.**

_____ **ASSISTED UNIT (Please list only ONE unit – Required)** _____ **TENANT (Required)**

Please indicate the account type to which you want your payment deposited.

(Check **ONE** only) Checking: _____ Savings: _____

MANAGEMENT COMPANY AUTHORIZATION:
As the owner of the above stated property, I authorize Manchester Housing and Redevelopment Authority to release the HAP payment owed to _____ my Management Company. Their bank documentation is attached to this form. I understand that should my management company change it is my responsibility to notify the Housing Authority so that my HAP payment is not released improperly.

_____ **OWNER SIGNATURE** _____ **DATE**

MHRA Office Use ONLY

Date Received: _____ **Effective Date:** _____

Landlord/Owner # _____ MHRA Staff Initials: _____