

**NORTHAMPTON COUNTY HOUSING AUTHORITY**  
**DIRECT DEPOSIT/EMAIL NOTIFICATION FORM OF HAP PAYMENTS**

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OWNER'S NAME: \_\_\_\_\_ NCHA SYSTEM OWNER # \_\_\_\_\_

**I. ACTION**

- New Enrollment
- Change/Update Enrollment
- Termination of Enrollment

**II. OWNER INFORMATION**

Social Security # \_\_\_\_\_ OR EIN/Tax ID # \_\_\_\_\_

**III. BANKING INFORMATION** (Please submit a copy of a voided check with this form to verify information)

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ABA Routing/Transit #: \_\_\_\_\_

Type of Account (check one):

- Checking
- Savings

Owner's Account #: \_\_\_\_\_

**AGREEMENT/AUTHORIZATION**

I (We) hereby authorize Northampton County Housing Authority, hereinafter called Company, to initiate credit entries to my (our) account indicated above and the Financial Organization named above, hereinafter called Receiving Bank to credit the same to such account. Charges to said account initiated by Company may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

**IV: EMAIL INFORMATION**

Email Holder Name: \_\_\_\_\_

Full Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**AGREEMENT/AUTHORIZATION**

I (We) authorize Northampton County Housing Authority, to notification via email of funds dispersed to said email account above regarding funds that will be paid in the form of Housing Assistance Payments for any active participants residing in landlord owned dwellings.

Owner's Signature: \_\_\_\_\_

Alternate Signature for Joint Account (if required): \_\_\_\_\_

Date Signed: \_\_\_\_\_