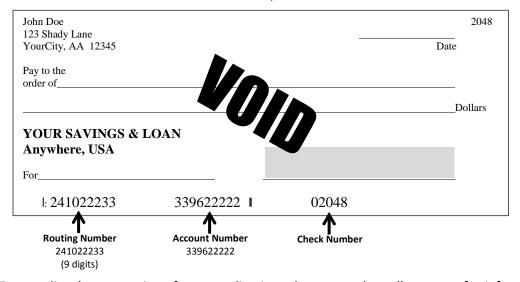
DIRECT DEPOSIT ENROLLMENT/CHANGE FORM INSTRUCTIONS

Housing Choice Voucher Landlords and Vendor/Contractors

- 1. Complete the Direct Deposit Enrollment form on the back of the instructions. Indicate whether this is a "CHANGE" to an existing enrollment or "NEW" enrollment by checking the appropriate box. Enter all required information in sections I and II.
- 2. Check the type of account (checking or savings). For deposit to a checking account, attach an <u>original</u> voided check (deposit slips or temporary checks are <u>not</u> acceptable) for the checking account into which you would like Haslc to deposit the funds. Write "VOID" across the front of the check and blacken the signature portion of your check. If checks are unavailable, or for a savings account, please submit a letter from your bank to include the name on the account, account number and bank routing number.
- 3. Submit the completed form with your voided check or letter from your bank to the Housing Authority in person or by mail to:

Housing Authority of St. Louis County Attention: Finance Dept. 8865 Natural Bridge St. Louis, MO 63121



- 4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
- 5. Please allow 30 days for your Direct Deposit Enrollment form to be processed.
- 6. To avoid interruption in payments, written notification of all changes must be submitted to the Haslc Finance Department at least 30 days prior to payment date using the Direct Deposit Enrollment Form.

Housing Authority of St. Louis County

DIRECT DEPOSIT ENROLLMENT FORM

To enroll for Direct Deposit, the payee should fill in the information requested in sections I and II of the Direct Deposit Authorization Agreement, attach a **voided check** or letter from your bank and send to:

Housing Authority of St Louis County

Attention: Finance Dept. 8865 Natural Bridge St. Louis, MO 63121 Email: accountspayable@haslc.com				
DIRECT DEPOSIT AUTHORIZATION AGREEMENT – FOR AUTOMATIC DEPOSITS NEW CHANGE Check the appropriate box above to indicate a "new" enrollment or "change" to an existing enrollment.				
SECTION I – PAYEE INFORMATION				
PAYEE NAME (must match payee on ownership paperwork)			OWNER/AGENT NUMBER (assigned by Haslc)	
ADDRESS (STREET, P.O. BOX)			TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	
EMAIL				
Reminders: Please visit our website for additional information at www.haslc.com. Also, remember to register on Landlord portal to view your ledger activity, agency details, and unit inspections. For Finance questions, please email accountspayable@haslc.com or 314-227-3126. For Landlord online portal registration questions or information please email landlord@haslc.com.				
NAME/COMPANY NAME (PLEASE PRINT)			SOCIAL SECURITY NUMBER	
Enter your Employer Identification Number (EIN) in the appropriate box to the right. The EIN provided must match IRS Form W-9. Individuals without an EIN should enter their social security number. SIGNATURE			EMPLOYER IDENTIFICAT - DATE	ION NUMBER
SECTION II – FINANCIAL INSTITUTION INFORMATION				
BANK NAME			ROUTING NUMBER	
CITY	STATE	ZIP CODE	ACCOUNT NUMBER	
TYPE OF ACCOUNT (SELECT ONE): ☐ CHECKING ☐ SAVINGS				