



**DAYTON METROPOLITAN HOUSING AUTHORITY  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT  
SECTION 8 HAP CHECKS**

I hereby authorize Dayton Metropolitan Housing Authority to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authorization is to remain in effect until revoked by me in writing or by termination of my Housing Assistance Payments (HAP) contract with Dayton Metropolitan Housing Authority.

Landlord Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Complete either checking or savings account – DO NOT COMPLETE BOTH.

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**Checking Account**

Checking Account Number \_\_\_\_\_

Transit/ABA Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City, State \_\_\_\_\_

\*Attach a copy of a voided check

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**Savings Account**

Savings Account Number \_\_\_\_\_

Transit/ABA Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City, State \_\_\_\_\_

\*Attach a deposit clip or call bank to get routing number

Return completed form (with attachments) to:

Dayton Metropolitan Housing Authority  
Financial Management Department  
400 Wayne Avenue  
P O Box 8750  
Dayton, OH 45401-8750