

**RALEIGH HOUSING 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 RHA 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. - Monies will be deposited on RHA's **second business day** of the month. - **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 magnetically 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:

**Raleigh Housing Authority
Attention: Section 8 Direct Deposit
900 Haynes Street
Raleigh, NC 27604**

If you have any questions or concerns, please refer to the RHA website at www.rhaonline.com, Housing Choice Voucher, Landlord Information or contact the Section 8 department at (919) 508-1105.

LANDLORD/OWNER INFORMATION (Please print legibly)

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 RHA, please add section8@rhaonline.com to your contact list.**

OWNER RACIAL/ETHNICITY CODE (PLEASE CIRCLE ONE) *FOR HUD REPORTING PURPOSES ONLY*

1-WHITE AMERICAN	2-BLACK AMERICAN	3-NATIVE AMERICAN	4-HISPANIC AMERICAN
5-ASIAN/PACIFIC AMERICAN	6-HASIDIC JEWS	7-OTHER	8-MINORITY OWNED BUSINESS
9-NON-MINORITY OWNED BUSINESS			

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 Raleigh Housing 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 _____

RHA Office Use ONLY

Date Received _____ Effective Date _____
Landlord/Owner # _____ RHA Staff Initials _____