



## Direct Deposit Authorization Agreement Section 8 Landlords

I hereby authorize Neighborhood Foundations (Housing Authority of Newport) 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 rental contract with Neighborhood Foundations (Housing Authority of Newport).

**Print name** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**EIN#** \_\_\_\_\_ **-OR- SS#** \_\_\_\_\_

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### CHECKING ACCOUNT

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

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

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

**\*\*\*Attach a voided check or a copy of a check\*\*\***

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### SAVINGS ACCOUNT

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

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

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

**\*\*\*Attach a deposit slip or call bank to get Routing Number\*\*\***