



CITY OF EAST PROVIDENCE

East Providence Housing Authority

99 GOLDSMITH AVENUE, EAST PROVIDENCE, RI 02914-2240

Direct Deposit Agreement Form

Last Name or Business Name		First Name	SSA# or EIN #
Address		Telephone	Email
Type of Action (please check one) START DIRECT DEPOSIT: <input type="checkbox"/> STOP DIRECT DEPOSIT: <input type="checkbox"/> CHANGE BANK and/or ACCT #: <input type="checkbox"/>			
Bank Routing #	Bank Name	Account #	Type of Account Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>

Please read these important notes and sign below:

1. Once you have initiated direct deposit, you **will need to notify us if you plan to close, move, or change your bank account.**
2. All Section 8 payments will be deposited to the account listed above. We do not have the ability to split your payment between different accounts, or between direct deposit and check.
3. If you have multiple tenants receiving Section 8 assistance you will not receive a printed list showing the payment breakdown for each tenant. However, you can access detailed payment information at HMS Pal instructions can be provided upon request to set up your account.
4. We request you keep a copy of this completed form for your records.

I have read the above and authorize the East Providence Housing Authority to start or stop direct deposit of my Section 8 rental assistance payments. I authorize the East Providence Housing Authority to initiate credit entries to my account or debit entries if any overpayment were to occur.

Print Name: _____

Signature: _____

Date: _____

Important: A voided blank check must be attached to this form

We cannot take action without your signature on this form.
If you have any questions about this form, please contact the
Housing Choice Voucher (Section 8) Department at 401-865-6421 or Email jgiusti@ephousing.org