



675 West Main Street  
 Rochester, NY 14611  
 (585)697-6172 – tele#  
 (585)362-8672 – fax#  
[directdeposit@rochesterhousing.org](mailto:directdeposit@rochesterhousing.org)

**LEASING OPERATIONS**  
**DIRECT DEPOSIT ENROLLMENT FORM**

**Requested Transaction Type**

New Direct Deposit Enrollment       Change to Existing Direct Deposit Enrollment       Cancellation of Existing Direct Deposit Enrollment

**Payee Identification**

<b>Name of Payee</b> – If payments are made to an Agent, the IRS 1099 –MISC statement will be mailed in the name of the Agent.				<b>SS/Tax ID#</b> - Must belong to the Payee	
<b>Street Address of Payee</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Daytime Tele#</b> (    )       -
<b>Email Address</b> – Required for electronic confirmation of your direct deposit enrollment and your Registration Key for access to the Landlord Portal, if you have not already registered. Otherwise the enrollment confirmation and Registration Key information will be mailed.					

I hereby request and authorize Rochester Housing Authority (RHA) to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit monies and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I understand that RHA is not responsible for any fees incurred if I attempt any withdrawals from my account before funds have been deposited. Funds are released on the 2nd business day of the month.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating my direct deposit enrollment and is responsible for notification of any change in financial institution information. The only exception will be the rejection of any payment by the Depository. In this event, direct deposit will be suspended until I am able to resolve the discrepancy with the Depository or submit a request for a change to my direct deposit enrollment.

<b>Authorized Signature</b>	<b>Printed Name</b>	<b>Date</b> / /
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**We cannot take action without your signature on this form along with the date signed.**

You may mail, fax or email this authorization form along with either a voided check or letter provided by your bank with your account number, bank routing number and type of account (no starter checks or deposit slips, please) using the following contact information:

**Rochester Housing Authority**  
**Finance Dept – Jenelle Aguero**  
 675 West Main Street  
 Rochester, NY 14611  
[directdeposit@rochesterhousing.org](mailto:directdeposit@rochesterhousing.org)  
 (585)362-8672 (fax)

**RHA Office Use Only**

<b>Date Completed form received</b>	HCV
<b>Registration Key</b>	SPC