



DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

☐ TENANT ☐ OWNER

NAME: _____ CONTRACT NUMBER: _____
SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____
E-MAIL: _____
POSTAL ADDRESS: _____

I hereby authorize *Puerto Rico Housing Finance Authority (PRHFA)* to initiate automatic deposits to my account at the financial institution named in the "Account Information" section of this form. I also authorize *PRHFA*, subject to previous notification, to reverse any incorrect deposit made to this account.

Further, I agree not to hold *PRHFA* responsible for any delay or loss of funds due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in full force and effect until *PRHFA* receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form in such manner as to afford *PRHFA* and my financial institution reasonable opportunity to act on it (*at least 30 calendar days in advance of the cancellation or account change date*).

ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION: _____
*ROUTING NUMBER: _____ ☐ CHECKING ACCOUNT
*ACCOUNT NUMBER: _____ ☐ SAVINGS ACCOUNT

** If you are unsecure about the routing number, please contact your financial institution representative. In case of a checking account, this information can be found on the bottom of your personal checks, just preceding your account number.*

SIGNATURE

AUTHORIZED SIGNATURE (Primary): _____ DATE: _____
**AUTHORIZED SIGNATURE (Joint Account Holder): _____ DATE: _____
PRINT NAME (Joint Account Holder): _____

*** Joint account holders should immediately advise PRHFA in case of death or legal incapacity of a beneficiary of the Housing Choice Voucher Program payment. Funds deposited after the date of death or legal incapacity, are to be returned to PRHFA. The PRHFA will then make a determination regarding payments.*

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP ISSUED BY YOUR FINANCIAL INSTITUTION