



KINGSPORT HOUSING & REDEVELOPMENT AUTHORITY

906 East Sevier Avenue
Kingsport, TN 37660-0044

To Transform and Empower Communities

LANDLORD DIRECT DEPOSIT AUTHORIZATION

DIRECT DEPOSIT IS REQUIRED FOR ALL LANDLORDS PARTICIPATING IN THE HOUSING CHOICE VOUCHER PROGRAM

I am hereby requesting that the payments I receive from Kingsport Housing & Redevelopment Authority in accordance with the Housing Assistance Payments (HAP) contract be made by direct deposit:

For all rental units under my tax identification number: # _____

Account type: Checking Savings

Name(s) on Account: _____

Bank Routing number: _____ Account number: _____

To confirm the banking information above, please include a VOIDED CHECK. This authorization will not be valid unless accompanied by a voided check. Mail or fax to KHRA.

Landlord name: _____

Landlord Address: _____

Phone Number: _____

E-mail address (for payment information): _____

I understand that any changes to this agreement must be submitted in writing 30 days prior to payment dates.

I hereby authorize Kingsport Housing & Redevelopment Authority to make direct deposit of Housing Assistance Payments to the above account. This authorization will remain in effect until I give 30 days written notice to cancel.

If funds to which I am not entitled are deposited in my account, I authorize Kingsport Housing & Redevelopment Authority to direct the financial institution to return said funds by any such method, and I authorize the financial institution to debit the same to my account.

Signature: _____ Date: _____

Print name: _____

kingsporthousing.org ★ Telephone (423) 245-0135 ★ Fax (423) 392-2530 ★ TTY/TDD (423) 246-2273 (Contact Concern)

Kingsport Housing & Redevelopment Authority shall not discriminate because of race, color, sex, religion, familial status, disability, handicap, national origin sexual orientation or gender identity in the leasing, rental or other disposition of housing.

