



H. A. W. C.

Housing Authority of Washington County
319 East Antietam Street, 2nd Floor
P. O. Box 2944, Hagerstown, MD 21741-2944
Telephone/TTY: 301-791-3168
Fax: 301-791-2755
www.hawcmd.org or www.facebook.com/hawcmd.org

The Housing Authority of Washington County offers direct deposit to Section 8 landlords. The deposit amount will be for the total of all rents we owe you. The deposit may be made directly either to a checking or a savings account. To participate, please complete the authorization agreement at the bottom of this page and return it to the Housing Authority offices at 319 East Antietam St., or mail to P. O. Box 2944, Hagerstown, MD 21741-2944. Unsigned or incomplete agreements will be returned.

While employees of the Housing Authority and its financial institution may have access to this information when they are processing direct deposit transactions, a number of safe-guards are in place to insure that it remains strictly confidential. You will continue to receive printed rent checks until the direct deposit becomes effective. If you are unsure of the bank information, please contact them directly. Attaching a voided check to this request is the best way to insure that we have the right account information. The ABA# and the account number referred to below are normally imprinted on the bottom of checks between the two hard colons (banking imprints that look something like this **I:**).

Section 8 Direct Deposit Authorization Housing Authority of Washington County

I hereby authorize the Housing Authority of Washington County (1) to initiate credit entries (deposits) to my account number indicated below at the depository named below and (2) to initiate, if necessary, debit entries or adjustments for any credit error.

Bank Name: _____

Bank Address: _____

Transit/Routing ABA# _____ Account Number _____

Type of Account (check one only) Checking [] Savings []

This authorization is to remain in full force and effect until the Housing Authority of Washington County has received written notice of my intention to terminate this agreement, allowing sufficient time for the Authority to act upon it.

Landlord Name – Please Print

Date

Landlord Signature

Taxpayer ID Number