

# DOUGLAS COUNTY HOUSING & REDEVELOPMENT AUTHORITY

1224 N NOKOMIS STREET \* PO Box 965, ALEXANDRIA MN 56308  
PH (320) 762-3849 FAX (320) 762-3034

## DIRECT DEPOSIT AUTHORIZATION

### AUTHORIZATION AGREEMENT:

*I authorize the Douglas County Housing & Redevelopment Authority (Douglas County HRA) to automatically deposit any funds owed to me/us through the Voucher Program to my/our account at the Financial Institution named below. I understand that this agreement may be terminated by me/us or Douglas County HRA at any time by written notification. Any such notification requires a reasonable time to act upon it. I further agree to notify Douglas County HRA immediately of any discrepancies between the amount deposited and the amount due under the HAP Contract and, in case of overpayment by the Douglas County HRA, the amount of the overage shall be returned within 30 days.*

**\*\*\**(Please note this direct deposit authorization only pertains to the Section 8 Voucher Program)*\*\*\***

Landlord / Complex Name \_\_\_\_\_

Name on Account \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \*REQUIRED\* \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Type of Account:  Checking (enclose voided check)  Savings (enclose deposit slip)

Is this a:  NEW account setup  CHANGE in account setup

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Authorized Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN TO :

Douglas County HRA  
Attn: Shelby Thesing  
1224 N Nokomis S T\* PO Box 965  
Alexandria, MN 56308  
fax: (320) 762-3034  
email: sthesinghra@gctel.com

For Internal Use Only: Vendor # _____ Date _____ Processed by _____
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