



HOUSING AUTHORITY OF SOUTH BEND

Payee Authorization

Housing Agent:	Participant Name:
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PART 1A: Transaction Type

New Account
 Change Account (Specify in Part 1B)
 Cancel Account

PART 1B: Change Reason (Not required for New Account)

Change Tax ID (Skip Parts 3 & 4) Previous Tax ID: _____
 Change Address (Skip Part 4) Change Payee Name (Skip Parts 3 & 4)
 Change Financial Information (Skip Part 3) Other: _____

PART 2: Payee Information

Payee Name (Must Match IRS W-9 Form)

Tax ID (Must be 9-digit number)

Social Security Number (SSN) -----

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OR

Federal Employer Identification Number (FEIN) -----

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Type of Ownership (Must Match IRS W-9 Form)

Individual/ Sole Proprietorship Partnership Limited Liability Company (LLC)
 C Corporation S Corporation Non-Profit Trust/Estate Public Housing Agency (PHA)

PART 3: Contact Information

Physical Address (Cannot be a P.O. Box)	City	State	Zip
Mailing Address (P.O. Box allowed) <input type="checkbox"/> Check if same as above	City	State	Zip
1099 Address (P.O. Box allowed) <input type="checkbox"/> Check if same as above	City	State	Zip

Work Phone: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>				-					Home Phone: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>				-				
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Cell Phone: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>				-					Fax Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>				-				
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E-Mail:

Payee Name (Must Match IRS W-9 Form)	Tax ID
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PART 4: Financial Information for Direct Deposit

Name of Financial Institution

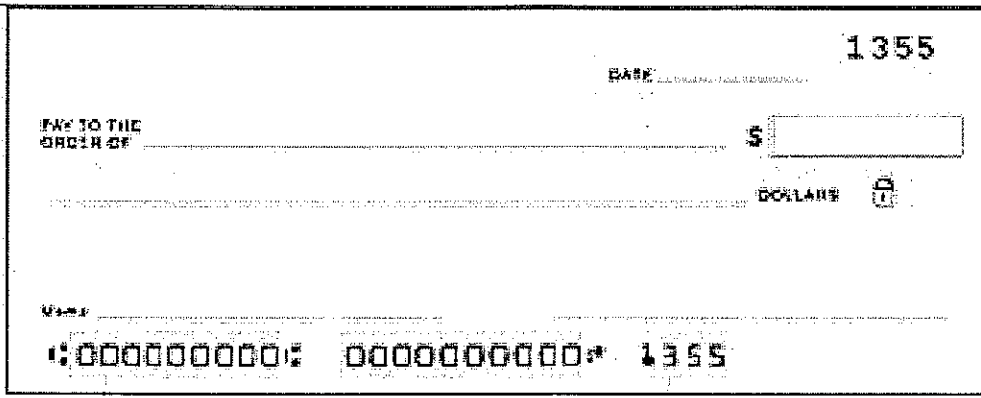
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Ownership of Account <input type="checkbox"/> Individual (Self) <input type="checkbox"/> Business <input type="checkbox"/> Joint
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Routing Transit Number

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Customer Account Number

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Routing Number Account Number Check

PART 5: Authorizing Signature

By signing this authorization form, I permit the Housing Authority of South Bend to deposit payments by electronic funds transfer into the account specified in Part 4. I also authorize the debit of amounts deposited in error and any financial adjustments deemed necessary by the Housing Authority of South Bend.

I understand that providing incomplete or inaccurate information may delay my payments.

This authorization will remain in effect until the Housing Authority of South Bend has received written notice from the undersigned to terminate financial transactions. **The undersigned is responsible for notifying the Housing Authority of South Bend of any change in information contained within this agreement.**

Signature of Account Owner	Date
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Printed Name of Account Owner

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

Mail: Housing Authority of South Bend
 Attn: Section 8 Department
 501 Alonzo Watson Drive
 South Bend, IN. 46601
Fax: (574) 235-9440
Email: section8@sbhaonline.com

**Please attach a voided check
 with your paperwork!**



HOUSING AUTHORITY OF SOUTH BEND

Payee Authorization

Please retain for your record

TERMS AND CONDITIONS FOR PAYMENT WITH THE HOUSING AUTHORITY OF SOUTH BEND HOUSING CHOICE VOUCHER PROGRAM

If you are participating in the Housing Choice Voucher Program, your Housing Assistance Payment will be directly deposited into your checking or savings account at the financial institution of your choice.

The following are the terms and conditions for receiving payments:

1. You must complete this authorization form in its entirety. A legible, signed, and dated form is required for processing. **You must attach a voided check to the *Payee Authorization* form.** Once your form is received, there may be a 2-4 week administrative processing period before the enrollment will become effective.
2. All funds will be credited to your bank account no later than the 5th calendar day of each month.
3. If a payment cannot be made to your bank account or if the payment is returned to the HASB, all future payments will be held while the cause is investigated. Reinstatement of payment will be determined on a case-by-case basis and you will be notified of the action taken.
4. It is your responsibility to notify the HASB immediately if there are any changes to your account information, including, but not limited to, account closure or a change in your account number. Complete the *Payee Authorization* form by marking the **CHANGE** box and specify the new account information. **Attach a voided check to all change requests.**

All changes must be received by the 15th of the month prior to the month the payment is to be processed. There may be a 2-4 week administrative processing period before the changes become effective.

5. The HASB reserves the right to cancel your participation in the Housing Choice Voucher Program for program violations or if notification is received from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding the *Payee Authorization* or W-9 forms, please contact 574-235-9346 or section8@sbhaonline.com.

View your payments online with our HMS PAL™ system!

Our HMS PAL™ system is an online tool that allows HASB Housing Choice Voucher (HCV) Program Landlords to review information about their payments and tenants at their convenience, without having to call or visit your local Housing Authority. For new landlord accounts, please allow up to 30 days for information to begin appearing on the online system. To get started and create your account go to our online website at: www.hmsforweb.com/pal.