



Housing Authority of Elgin
120 South State St
Elgin, IL 60123

Section 8 Landlord Direct Deposit Authorization Form

I hereby authorize the Housing Authority of Elgin to credit the bank account, as listed below, for my monthly Housing Assistance Payment. Please find attached a voided check for the account I am designating for direct deposit.

Tenant Information (please print – only need info. for one tenant):

Tenant Name: _____

Address of Unit: _____

Landlord Information (please print)

Name: _____

Address: _____

Social Security or Tax I.D. #: _____

Email address _____

Signature

Date

FINANCIAL INSTITUTION INFORMATION

Account Name: _____

Account Number: _____

Routing Number: _____

Name of Bank: _____

Account Type: Checking Savings

ATTACHED VOIDED CHECK HERE