



Please note the following:

- You **must** have a checking or savings account.
- Direct deposit will only be made to **one** bank account.
- The entire amount of the housing assistance payment (HAP) will be deposited. No partial deposits will be made.
- **Any changes** to your account information must be submitted **in writing** along with a new direct deposit request form.

Landlord/Owner information

Owner Name or Business Name (Please Print)

Owner's Signature

Contact Name (if different from above)

Phone Number

Assisted Unit Address

Tenant Name

Bank/Institution Name

Account Number

Bank Routing Number

Email notification for posting

***NOTE: Any prior account information will be deleted and replaced by the new information.

Please indicate the account type to which you want your payment deposited.

(Check **ONE** only) Checking____ Savings____

The following information must be attached to this request form:

A voided check or another valid bank document, which bears the **name and address** of the landlord, routing number and account number magnetically encoded on the form.

Starter checks and deposit slips are unacceptable.

Return this form and the requested items to: Michigan City Housing Authority
621 E. Michigan Blvd.
Michigan City, IN 46360

If you have any questions or concerns, please contact the Section 8 department at (219) 872-7287.

OFFICE USE ONLY

Date Received _____ Effective Date _____ Staff Initials _____