

#### **DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS**

If you need this document in a different language or *LARGER FONT* or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

As a property owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that you may incur fees and/or other penalties payable to CHA.

**Please visit** our website at <a href="www.thecha.org/forms">www.thecha.org/forms</a> to download the direct deposit registration form. Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, email or fax as indicated below:

**1. Mail:** CHA Housing Choice Voucher Program

Attn: Direct Deposit

60 E. Van Buren Street, 9th Floor

Chicago, IL 60605

2. Email: <u>directdeposit@thecha.org</u>

**3. Fax:** 312-786-6966

If you have any questions regarding direct deposit of your HAP, please contact the CHA Customer Call Center at 312-935-2600 or email <u>directdeposit@thecha.org</u>.

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program.

# Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

А	Date — Date of form being filled for submission and on Form W-9 must match	
В	Owner # — From HAP statement, if known	
С	Voucher # for Participant	
D	Name of Financial Institution/Account #/Routing # and Transit #/Type of Account — Whatever is listed on the verification document, see checking account/savings deposit slip sample attachment	
E	The name indicated as the Payee Name and on Form W-9 must match	
F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match	
G	Authorized Person — Email, Address, City, State, ZIP Code, Phone, Signature	

Rev. 10302019, Eff. 11012019, CHA-0032: ACH Docs



Este documento se puede traducir. Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

#### DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: CHA Housing Choice Voucher Program, Attn: Direct Deposit, 60 E. Van Buren, 9th Floor, Chicago, IL 60605, email it to directdeposit@thecha.org or fax it to 312-786-6966. Property Owner# (from HAP statement): \_\_\_\_\_ Date: \_\_\_ \ Voucher #: \_\_\_\_\_ ☐ NEW ENROLLMENT ☐ CHANGE BANK ACCOUNT INFORMATION I hereby authorize the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payment (HAP) into my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Name of Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing and Transit Number: \_\_\_\_\_ Type of Account (check one): 

Checking 

Savings State: \_\_\_\_\_ ZIP Code: This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms. Payee or an authorized person must complete the following and sign this request. Please print legibly. SSN or Federal Tax I.D. #: Name of Authorized Person: \_\_\_\_\_ Email Address: \_\_\_\_(Required) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_ Telephone: Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ G Signature of Property Owner or Authorized Person: X \_\_\_\_\_\_ Failure to answer all questions and provide all documentation will result in delay of processing your request.

Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571).

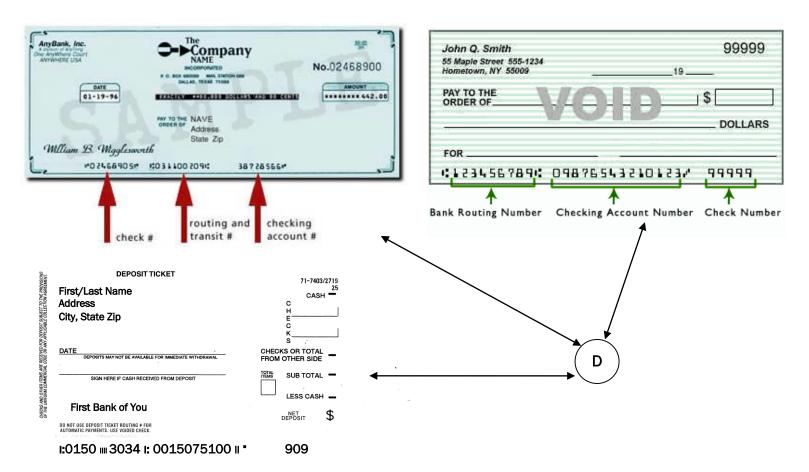
Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of property owners and/or management agents or any law by an employee or agent of CHA will result in penalties and fines.

Rev. 10302019, Eff. 11012019, CHA-0032: ACH Docs



# DIRECT DEPOSIT AUTHORIZATION Attach Voided Check or Savings Account Deposit Slip



Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
  - Encoding (the numbers on the bottom of your check/savings deposit slip)
  - Entity/Person must be the same as printed on the Direct Deposit Form
    - If starter checks, please hand write entity/person name

#### OR

- Letter from your Financial Institution
  - Must include the entity/person information
  - o Routing/Account Number
  - o Signed by an authorized representative of the Financial Institution

Rev. 10302019, Eff. 11012019, CHA-0032: ACH Docs



# **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above					
	following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
		Exempt payee code (if any)				
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)				
P ij	is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
See Spec	Other (See instructions)	(Applies to accounts maintained outside the U.S.)				
	5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name are	nd address (optional)				
	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Pai	t I Taxpayer Identification Number (TIN)					
	your fire in appropriate box. The fire provided materials from and given on the avoid	urity number				
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	] - [ ] - [ ]				
TIN, la						
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer in	dentification number				
Numb	er To Give the Requester for guidelines on whose number to enter.					
Par	Certification					
Unde	penalties of perjury, I certify that:					
2. I ar Sei	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issunt not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been not vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) thought subject to backup withholding; and	otified by the Internal Revenue				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and					
1 Th	FATCA and a(a) entered on this form (if any) indicating that I am exempt from FATCA reporting in correct					

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than	acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.						
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>					

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,