

Please complete the direct deposit form and return with a voided check (for a checking account) or deposit slip (for a savings account). This is now a mandatory part of our program. If you choose not to enroll in the direct deposit, please do not complete the lease with the tenant. We will not be able to enter the lease for payment without the direct deposit enrollment. This is for deposit only and we cannot debit your account for any reason. We will be contacting you soon about our new web-based landlord portal, Rent Café.

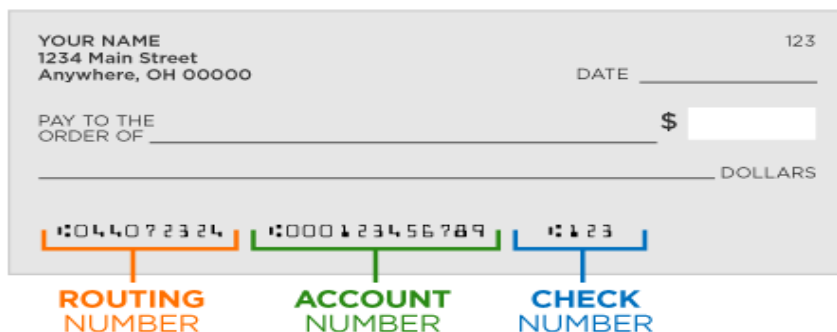
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

| | |
|----------------------------------|---|
| Action Requested | <input type="checkbox"/> Add Direct Deposit <input type="checkbox"/> Change Bank or Acct. # _____ <input type="checkbox"/> Cancel Account |
| Name of HAP Payee | |
| Mailing address | |
| City, State, Zip Code | |
| Telephone Number | |
| Email Address | |
| Name of Financial Institution | |
| Type of Account | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing Number *see sample below | |
| Account Number *see sample below | |
| Receive check advice each month? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant's Name | |

I hereby authorize **Idaho Housing and Finance Association** to initiate electronic deposits to my account(s) as indicated above and the depository named above, to credit the same to such account.

Owner/Property Manager Name _____

Signature _____ Date _____



PLEASE ATTACH A VOIDED CHECK
(WE CAN ONLY ACCEPT A DEPOSIT SLIP FOR SAVINGS ACCOUNTS)

PLEASE SEND THIS INFORMATION TO: **IHFA, Attn: Sneki, 844 Washington St. North, Suite 300, Twin Falls, ID 83301, or email snekip@ihfa.org**. If you have questions regarding Direct Deposit please call (208) 734-8531 or 1-866-234-3435, fax (208) 733-6179.

Please note: Processing the completed Authorization Agreement will take up to 30 days and you will receive your first Housing Assistance Payment check by mail until it is processed by your financial institution.

FOR IHFA USE ONLY

Landlord # _____