

**SECTION 8 LANDLORD  
DIRECT DEPOSIT  
AUTHORIZATION FORM**

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

**Landlord Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

\*\*Email: \_\_\_\_\_

**Financial Institution Information:**

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Type:  Checking  Savings

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**"ATTACH VOIDED CHECK HERE"**

**\*\*DUE TO BUDGET CONSTRAINTS ALL SECTION 8 PROGRAM UPDATE INFORMATION WILL BE SENT BY E-MAIL**

