

**DEPARTMENT OF SOCIAL SERVICES
Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd., Building L
Pomona, New York 10970
(845)364-3330 Fax (845) 364-3222

Joan M. Silvestri

DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a voided check

Please make sure that all information on this form is legible.

Part 1: Transaction Type

New Setup Cancellation (Leave Part 4 Blank) Change Account Type Change Financial Institution Change Account Number

Part 2: Payee Identification

Owner/Company Tax ID (Social Security No. or Employer Identification No.)		Primary Phone Number	
Fax Number		Secondary Phone Number	
Name of Payee			
Contact name			
Street Address			
Payee Email		<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent	

Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Rockland County to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow reasonable amount of time for initiating or terminating direct deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Title	Date

Part 4: Required Information

Financial Institution		<input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation/Partnership/etc.)
Account Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number		
Account Number		

Payment remittances can be viewed at: <https://apps.hcr.ny.gov/Section8Payments/>