



HAS PROPERTIES

421 WEST MADISON STREET
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329
TTD phone (417) 832-2039
FAX (417) 862-4263



Please Complete the Enclosed Forms

ALL Section 8 Housing Choice Voucher Program payments made by the HOUSING AUTHORITY OF SPRINGFIELD, MISSOURI will be made electronically via the AUTOMATED CLEARING HOUSE, (ACH) Process. Payments will be made directly to a checking account designated by you.

Enclosed is an ACH Payment Authorization Form you must complete and return to initiate ACH payments. IF THE HOUSING AUTHORITY DOES NOT RECEIVE THIS FORM, YOUR PAYMENT COULD BE DELAYED. On the enclosed form, you must indicate the bank routing and account number of the account where you will want Section 8 Voucher payments deposited. YOU MUST ALSO SUBMIT A COPY OF A VOIDED CHECK FOR VERIFICATION OF THE ROUTING AND ACCOUNTING NUMBER.

This information must be in writing; no information will be accepted over the phone. Any questions may be directed to the Section 8 Coordinators, Martha Rice or Nichole Looney.

In general, deposits are made on the first working day of the month. You will receive the funds in your account much faster than waiting on the mailing process. PLEASE REMEMBER IF YOU CHANGE YOUR BANKING INFORMATION, WE MUST BE NOTIFIED IMMEDIATELY IN WRITING SO THERE IS NO DELAY IN YOUR NEXT MONTH'S PAYMENT.

Sincerely,

Nichole Looney (A – K)
Section 8 Coordinator
nikkil@hasproperties.org
417-866-4329 ext: 4563

Martha Rice (L-Z)
Section 8 Coordinator
mrice@hasproperties.org
417-866-4329 ext: 4595

The Housing Authority of the City of Springfield does not discriminate against anyone because of race, creed, color, sex, age, religion, national origin, familial status, or disability in the application process, leasing, rental, or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937.



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SECTION 8 HOUSING CHOICE VOUCHER PROGRAM ACH/DIRECT DEPOSIT AUTHORIZATION

PART 1: PAYEE IDENTIFICATION:

PAYEE NAME:	PAYEE PHONE # (____) - _____
PAYEE TYPE: ____ OWNER ____ PROPERTY MANAGER	
PAYEE EMAIL ADDRESS:	
STREET ADDRESS:	
CITY/STATE/ZIP	

WARNING: Federal law prohibits HAS Properties from processing international ACH transactions (IAT). If any payment to you from HAS Properties will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you. DO NOT COMPLETE THIS FORM

Please initial in the box to the right to indicate you have read the above warning.

If you fail to initial here, direct deposit will not be approved.

PART 2: FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION:										
NAME ON ACCOUNT:										
ACCOUNT TYPE ____ INDIVIDUAL ACCOUNT ____ COMMERCIAL ACCOUNT										
ACCOUNT NUMBER:										
NINE DIGIT ROUTING NUMBER – YOU MUST SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION										
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PART 3: AUTHORIZATION

I authorize the Housing Authority of Springfield, MO to deposit Section 8 Voucher Housing Assistance payments by electronic funds transfer (ACH) into the above reference account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signature:	Title:	Date:
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Housing Authority of the City of Springfield, MO
HAS PROPERTIES
 421 W. Madison, Springfield, MO 65806
 417-866-4329



AUTHORIZATION OF AGENT

LEGAL OWNER INFORMATION: Date: _____

Owner Name: _____ Fax # _____
(as listed on the property grant deed)

Primary Phone Number: _____ Email: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

PROPERTY INFORMATION: Current Tenant: _____

Address: _____ Zip: _____

AGENT INFORMATION:

Agent: _____ Fax # _____

Primary Phone Number: _____ Email: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

The agent is authorized to handle the following business activities associated with the rental property as listed above.
(Check all that apply)

Sign Lease and Other Contract documents Authorize Repairs
 Receive 1099 Collect Rent

RENT INFORMATION:

Make Rent Check payable to: _____

Mail Rent Check to: _____

City: _____ State: _____ Zip: _____

I am requesting Direct Deposit.

Enter Taxpayer Identification Number (TIN) issued by the Internal Revenue Service (IRS) or Social Security Number (SSN) in the box below. The TIN/SSN must match the name given on the 'Agent' line.

TIN: ___ - ___ - _____ SSN: ___ - ___ - _____

This number belongs to: Owner Authorized Agent (MUST match W-9 Information)

Signature of Owner/Authorized Agent: _____

Print Name of Owner/Authorized Agent: _____