

**RALEIGH HOUSING AUTHORITY
DIRECT DEPOSIT REQUEST FORM**

(Housing Choice Voucher/Section 8 Program Only)

Direct Deposit is **MANDATORY** for all owners/landlords that desire to participate in the RHA Section 8 program.

Please note the following:

- You **must** have a checking or savings account.
- Direct deposit will only be made to **one** bank account.
- The entire amount of the housing assistance payment (HAP) will be deposited. No partial deposits will be made.
- Monies will be deposited on RHA's **second business day** of the month.
- **Any changes** to your account information must be submitted **in writing** along with a new direct deposit request form.

LANDLORD/OWNER INFORMATION

OWNER NAME: _____ OWNER ADDRESS: _____

*OWNER EMAIL: _____ OWNER TELEPHONE NUMBER: _____

*** A VALID email address is REQUIRED for program participation. To ensure delivery of email correspondence regarding your deposit from RHA, please add section8@rhaonline.com to your contact list.**

OWNER RACIAL/ETHNICITY CODE (PLEASE CIRCLE ONE) *FOR HUD REPORTING PURPOSES ONLY*

- | | | | |
|-------------------------------|------------------|-------------------|---------------------------|
| 1-WHITE AMERICAN | 2-BLACK AMERICAN | 3-NATIVE AMERICAN | 4-HISPANIC AMERICAN |
| 5-ASIAN/PACIFIC AMERICAN | 6-HASIDIC JEWS | 7-OTHER | 8-MINORITY OWNED BUSINESS |
| 9-NON-MINORITY OWNED BUSINESS | | | |

ASSISTED UNIT (Please list only **ONE** unit) _____

TENANT _____

Are you a previous or current direct deposit participant?

(Check **ONE** only) _____ NO _____ YES (Account # _____)

***NOTE: Any prior account information will be replaced by the new information.

Please indicate the account type to which you want your payment deposited.

(Check **ONE** only) Checking _____ Savings _____

OWNER SIGNATURE _____

DATE _____

THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS REQUEST FORM:

- A voided check or another valid bank document, which bears the **name and address** of the landlord, routing number and account number magnetically encoded on the form.
- **Please note the following:**
 - The name and address should **MATCH** the current landlord information on the Section 8 system.
 - **STARTER CHECKS AND DEPOSIT SLIPS ARE NOT ACCEPTABLE BANK DOCUMENTS.**

Return this form and the requested items to:

**Raleigh Housing Authority
Attention: Section 8 Direct Deposit
900 Haynes Street
Raleigh, NC 27604**

If you have any questions or concerns, please refer to the RHA website at www.rhaonline.com and follow the Section 8 Direct Deposit link or contact the Section 8 department at (919) 508-1105.

RHA Office Use ONLY

Date Received _____ Effective Date _____

Landlord/Owner # _____ RHA Staff Initials _____