

WASHINGTON COUNTY HOUSING AUTHORITY

DIRECTORS

Steven M. Toprani, Chairman
Sally A Mounts
Monique Taylor
David T. Gatling, Sr
Scott R. Slagle

100 CRUMRINE TOWER, FRANKLIN STREET
WASHINGTON, PENNSYLVANIA 15301-6995
TDD NUMBER: 724-228-6083
TELEPHONE: 724-228-6060
MAIN FAX NUMBER: 724-228-6089
ACCOUNTING DEPT. FAX NUMBER: 724-228-8685
PURCHASING DEPT. FAX NUMBER: 724-228-6154
<http://www.wchapa.org>
MAIN EMAIL: wcha@wchapa.org

STANLEY P. SHOOK
Deputy Executive Director

GARY J. MATTA
Solicitor

Direct Deposit

The Washington County Housing Authority is now in the process of gathering banking information from all Owners, Landlords, Property management companies, and Participants in order to receive subsidy payments (HAP or UAP), through Direct Deposit.

If you do not have a financial institution, please see that one is obtained. Paper checks will no longer be issued once the Authority begins Direct Deposit.

Please complete the registration process outlined below:

1. Complete the **Direct Deposit/Payment Form**.
2. Attach a voided check for the account of your choice.
3. Return the completed information to:

Washington County Housing Authority
100 Crumrine Tower, Franklin Street
Washington, Pennsylvania 15301
Attn: Section 8

or

Email: markh@wchapa.org
Fax: 724-228-6089

If you have any questions, please do not hesitate to contact us by phone at 724-228-6060

This document must be returned no later than December 1, 2024

DIRECT DEPOSIT AUTHORIZATION

Please complete this form and return it to Section 8.

Please attach a voided check from the account to be deposited

All information must match W-9 (if, applicable) currently on file with the Washington County Housing Authority

Part 1. Transaction Type

_____ New setup _____ Change financial institution _____ Change Account Type,
_____ Cancellation _____ Change account number to: _____

Part 2. Payee Identification

1. Name: print		2. Owner Tax ID (S.S.N or Employer identification number:	
3. Address	4. City	5. State	6. Zip Code
7. Home Number	8. Office Number	9. Cell Number	
10. Email			

Part 3. Financial Institution

11. Financial Institution Name	12. City, State and Zip Code
13. Routing Transit Number	14. Customer Account Number
15. Type of Account ___ Checking ___ Savings ___ Other, _____	

Part 4. Authorization for Setup, Changes or Cancellation

I hereby authorized the Washington County Housing Authority to deposit payments by electronic funds transferred into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognized that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

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

Print Name

Authorized Signature

Date

