

# Direct Deposit Form

Housing Choice Voucher Program (formerly Section8)

The Direct Deposit Form will need to be submitted if at any time a change occurs in your banking institution, ownership change and/or payee/managing agent. Please submit to Tangela Caldwell via email at [landlordservices@fwhs.org](mailto:landlordservices@fwhs.org) or Fax at 817.333.3622. Please call Tangela at 817.333.3616 for any questions or concerns.



Property Owner Info		Managing Agent Info	
Owner Name:	_____	Agent Name:	_____
Owner Address:	_____	Agent Address:	_____
City, State Zip:	_____	City, State Zip:	_____
Home Phone #:	_____	Home Phone #:	_____
Fax #:	_____	Fax #:	_____
Email Address:	_____	Email Address:	_____
Tax ID #/ SS #	_____	Tax ID #/SS #	_____

<b>ATTACH A VOIDED CHECK</b>	Bank Name:	_____		<i>Banking Information Belongs To:</i> <b>Select only ONE of the following:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Managing Agent
	Bank Address:	_____		
	Bank Phone #:	_____		
	Name on the account:	_____		
	Routing Number:	_____		
	Account Number:	_____		
	<b>Select only ONE of the following:</b>	<input type="checkbox"/> Checking Account	<b>22</b>	
	<input type="checkbox"/> Savings Account	<b>32</b>		

**Please note that the party receiving the monthly payment will be responsible for receipt of the 1099**

VIEW DETAIL STATEMENTS ONLINE AT <http://www.fwhs.org> \*\*Select LANDLORD PARTNER PORTAL\*\*

I certify the aforementioned information is correct. I understand that future housing assistance payments will be deposited electronically into the account mentioned above. I agree to Notify FWHS promptly should this information change.

\_\_\_\_\_  
 Owner Signature Date

Property Owner must provide notarized form **ONLY** if the managing agent is the designated payee

SIGNED BEFORE ME, the undersigned authority, on this day \_\_\_\_\_ personally appeared known to me to be the person who has signed the foregoing document, and after being duly sworn, acknowledged to me that he/she had executed the same for the purposes and considerations therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

County of: \_\_\_\_\_ Notary Signature: \_\_\_\_\_

State of: \_\_\_\_\_ Seal: \_\_\_\_\_



Revised December 15, 2020