

Direct Deposit Form

Housing Choice Voucher Program (formerly Section 8)



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. 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 # | _____ |

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



August 30, 2022