

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

VENDOR #: \_\_\_\_\_

CLIENT #: \_\_\_\_\_

## SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; text-align: center; padding: 2px; font-family: monospace; font-size: small;">   </div>	
CITY	STATE	<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
TELEPHONE NUMBER AREA CODE		<input type="checkbox"/> Social Security <span style="margin-left: 150px;"><input type="checkbox"/> Fed Salary/Mil. Civilian Pay</span> <input type="checkbox"/> Supplemental Security Income <span style="margin-left: 100px;"><input type="checkbox"/> Mil. Active _____</span> <input type="checkbox"/> Railroad Retirement <span style="margin-left: 110px;"><input type="checkbox"/> Mil. Retire. _____</span> <input type="checkbox"/> Civil Service Retirement (OPM) <span style="margin-left: 90px;"><input type="checkbox"/> Mil. Survivor _____</span> <input type="checkbox"/> VA Compensation or Pension <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Other <u>HACC</u> _____</span>	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>G</b> _____ ( <i>specify</i> ) ( <i>if applicable</i> )	
<b>C</b>  Prefix _____ Suffix _____		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> ) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

## SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME  Housing Authority of the County of Cook	GOVERNMENT AGENCY ADDRESS 175 West Jackson Blvd, Suite 350 Chicago, IL 60604-3042
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## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <div style="border: 1px solid black; text-align: center; padding: 2px; font-family: monospace; font-size: small;">   </div>		CHECK DIGIT <div style="border: 1px solid black; text-align: center; padding: 2px; font-family: monospace; font-size: small;">                               </div>
		DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

# **INSTRUCTIONS FOR COMPLETING THE ‘DIRECT DEPOSIT’ SIGN UP FORM**

## **SECTION 1**

1. Complete part “**A**” entirely and legibly (please print)
2. Complete part “**B**” with the property owner name entitled to the payments.
3. Part “**C**” is Non-applicable
4. Part “**D**” – please check off either “Checking” or “Savings”
5. Part “**E**” - please enter the account number for “Checking” or “Savings”
6. Part “**F**” is Non-applicable– already completed with HACC (other)
7. Part “**G**” is Non-applicable

**PAYEE/JOINT PAYEE CERTIFICATION – MUST BE SIGNED**

**JOINT ACCOUNT HOLDERS’ CERTIFICATION – MUST BE SIGNED IF THIS IS A JOINT ACCOUNT**

## **SECTION 2**

Already completed – do not change

## **SECTION 3**

This section **MUST** be completed by your “FINANCIAL INSTITUTION”

Please return this DIRECT DEPOSIT SIGN UP FORM once completed to:

HOUSING AUTHORITY OF THE COUNTY OF COOK  
ATTN: Accounting/ACH Department  
175 West Jackson Blvd, Suite 350  
Chicago, IL 60604-3042