

# **DIRECT DEPOSIT AUTHORIZATION**

For all Voucher Landlords

**PLEASE COMPLETE THIS FORM AND RETURN IT WITH A VOIDED CHECK TO:**

**Cheyenne Housing Authority, Attention: Housing Supervisor**

**3304 Sheridan Street, Cheyenne, WY 82009**

**Phone: (307) 633-8330 FAX: (307) 633-8315**

## **PART 1: TRANSACTION TYPE (CHECK ALL THAT APPLY)**

**New Participating Landlord:** \_\_\_\_\_ **New Direct Deposit Account:** \_\_\_\_\_

**Ongoing Participating Landlord:** \_\_\_\_\_ **Change to Existing Direct Deposit Account:** \_\_\_\_\_

## **PART 2: VENDOR IDENTIFICATION & BUSINESS NAME**

1. Owner Name as it appears on HAP Contract	Federal Tax ID (SSN or Employer or Tax Identification Number)	2. Daytime Phone Number	
3. Voucher property address		4. Tenant name	
5. Property Management Company or Business Name (if applicable)		6. Alternate Phone Number	
7. Name as it appears on your checking or savings account		8. Fax Number	
9. Mailing Address	10. City	11. State	12. Zip Code
13. E-Mail Address, which is required for direct deposit notification			

## **PART 3: AUTHORIZATION AND RELEASE FOR SETUP, CHANGES, OR CANCELLATION**

I hereby request and authorize the Cheyenne Housing Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize 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.

I understand and agree that the Cheyenne Housing Authority has no responsibility for the transfer of electronic funds in accordance with the information I have provided and the other terms contained on this form, and accordingly I release the Cheyenne Housing Authority, including its employees, officers, officials, and agents, from all liability for any and all losses, harm, or damages related to electronic funds transfers which occur as a result of negligence, errors, omissions, or actions on the part of myself, of any entity for which I am an employee, officer or agent, of any financial institution or other entity transmitting, handling or receiving the funds, and of any third party whose conduct affects the electronic funds transfer.

I further agree that even in the event that the Cheyenne Housing Authority, including its employees, officers, officials, and agents, was to be found to have liability for negligence, errors, omissions, or actions related to the transfer of electronic funds, the extent of the liability for any loss, harm, or damage shall not include general, special, punitive, or consequential damages of any nature, and the total amount of liability for loss, harm, or damage shall not exceed the amount of electronic funds that were transferred.

In the event that there is any dispute regarding electronic funds transfers or other actions taken in connection with the terms of this document which may be pursued by me or an entity for which I am an employee, officer, or agent, against the Cheyenne Housing Authority, including any of its employees, officers, officials, or agents, in court, then I agree that

the sole and exclusive venue for any complaint, claim, or legal action of any form pursued in court shall be in the First Judicial District, Laramie County, Wyoming. I further agree that the laws of the state of Wyoming shall be the governing law for the interpretation, construction, and enforcement of this document as well as the governing law for any such complaints, claims, or legal actions so brought.

I understand and acknowledge that the Cheyenne Housing Authority is a governmental entity and a political subdivision of the state of Wyoming. I understand and acknowledge that the Cheyenne Housing Authority does not waive and expressly retains all immunities, protections, defenses, and rights that it has pursuant to state and federal law, including, but not limited to, the Wyoming Constitution and the Wyoming Governmental Claims Act.

I further agree that the ability to receive payments from the Cheyenne Housing Authority through direct deposit is full and sufficient consideration for my consent and agreement to the release and other terms of this document.

This authorization will remain in effect until written notice to terminate is given. Any changes in financial institution, routing number, account number, tax ID number, vendor information, or other information relevant to the electronic funds transfer must be reported to the Cheyenne Housing Authority in writing by executing a new Direct Deposit Authorization form. The undersigned must allow a reasonable amount of time for initiating, changing or terminating the direct deposit of funds.

9. Authorized Signature	10. 2 <sup>nd</sup> Authorized Signature	11. Date
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**PART 4: FINANCIAL INSTITUTION**

12. Financial Institution Name		13. Financial Institution Phone Number	
14. Address	15. City	16. State	17. Zip Code
18. Routing Transit Number	19. Customer Account Number	20. Type of Account	
		Checking	Savings

**ATTACH YOUR VOIDED CHECK HERE**

Your Name	1001
Your Address	
DATE	
PAY TO THE ORDER OF	\$
	DO. LARS
Your Bank Name	
UL/AD	
⑆ 123456789 ⑆ 0000987654321 ⑆ 1001	
9 Digit Routing Number	Your Account Number
	Check Number

