

# Northern Illinois Regional Affordable Community Housing

## Housing Choice Voucher Section 8 HAP Electronic Deposit Authorization

Owner/Landlord: \_\_\_\_\_

Manager: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Correspondence to:  Landlord **OR**  Manager

(If correspondence is going to the manager, please provide management agreement with Manager's address included.)

Bank Name: \_\_\_\_\_

Account Type:  Checking  Savings

Bank ABA Number (routing #) \_\_\_\_\_

Account Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Deposit detail will be sent to this email.)

*I hereby authorize Northern Illinois Regional Affordable Community Housing to initiate deposits and/or corrections to the financial institution indicated. This authorization will remain in full force and effect until NI ReACH receives written notification from me of its termination.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a **voided check** and fax to (815) 316-2860, email to [VHuwe@nireach.org](mailto:VHuwe@nireach.org) or mail to:

**NI ReACH  
3617 Delaware St.  
Rockford, IL 61102**