



## EDGEWATER HOUSING AUTHORITY

300 UNDERCLIFF AVENUE  
EDGEWATER, NJ 07020  
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JACK WARREN, P.H.M.  
EXECUTIVE DIRECTOR

### Section 8 Landlords Direct Deposit Agreement Form

#### Authorization Agreement

I \_\_\_\_\_ (print name), hereby authorize the Housing Authority of Edgewater to initiate automatic deposits to my account at the financial institution named below. I also authorize the Housing Authority of Edgewater to initiate withdrawals from this account in the event that a deposit is made in error.

Further, I agree not to hold the Housing Authority of Edgewater responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until revoked by me in writing or by termination of my Housing Assistance Payments (HAP) contract with the Housing Authority of Edgewater. Furthermore, it is my responsibility to notify the Housing Authority of Edgewater in writing in the event of a change in Bank Accounts.

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_

Title/Name on Account: \_\_\_\_\_

Transit/ABA Routing Number \_\_\_\_\_

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

#### Signature

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number and Email: \_\_\_\_\_

\* In order for this agreement to be processed you must attach a copy of a voided check.