



457 E. MAIN ST. ROOM 406
NEW IBERIA, LA 70560
TEL: 337-369-2350

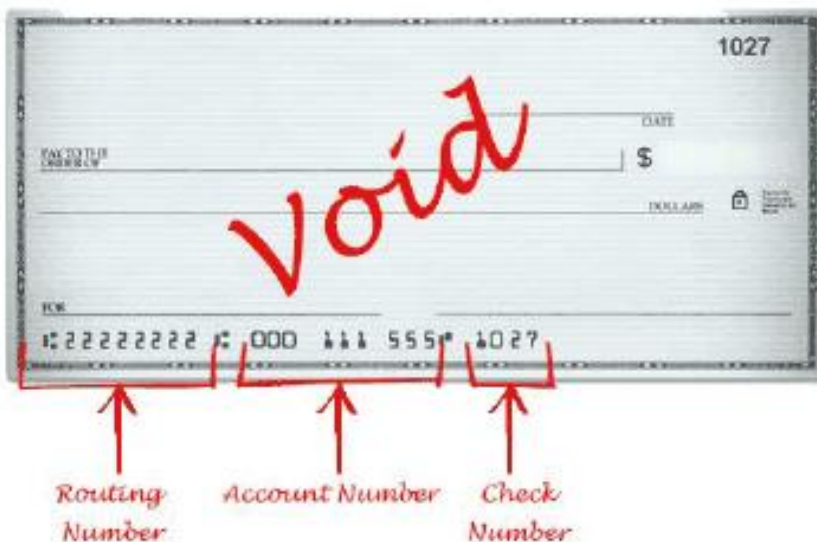
Important Information to Enroll in Direct Deposit

1. Complete the Direct Deposit Authorization form. Enter all necessary information on the Authorization form (all owners and authorized signatories must sign). Please do not omit any information.
2. Attached an original voided check (photocopy, deposit slip or temporary checks are not acceptable) for the checking account into which you would like the Housing Choice Program to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check.
3. You Must complete the W-9 Form.
4. Return the completed authorization form, voided check, and W-9 to:

City of New Iberia Housing Choice Program
457 E. Main Street Room 406
New Iberia, LA 70560

You may email forms to: hbeattie@cityofnewiberia.com

Any information omitted on the authorization form will delay processing. Email address and phone number are required.



Direct Deposit Authorization Form

City of New Iberia Housing Choice Voucher Program

457 E. Main Street RM 406

New Iberia, LA 70560

Part 1: Authorization Agreement for Set up, Changes or Cancellation

I (we) hereby request and authorize the city of New Iberia to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below. I (we) also authorize the city of New Iberia to make withdrawals from this account in the event that a credit entry is made in error.

Furthermore, I (we) agree not to hold the city of New Iberia for any delay 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 accounts. I understand that any unforeseen delay in computer downtime, power outages or other unavoidable occurrence might affect the date of deposit of fund to my account, and hereby waive any liability due to such delay. Further, I certify that the dwelling unit is in decent, safe, and sanitary condition, the contracting family resides in the unit and is expected to be there for the entire month and the deposited amount is in accordance with the provisions of the HAP contract.

This authorization will remain in effect until written notice to terminate direct deposit is received by the city of New Iberia. I (we) understand 30 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorized Signature	Printed Name	Date
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Part 2: Transaction Type

<input type="checkbox"/> New Set Up	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

Part 3: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number)	Vendor Number (Locate on Check Stub)
Payee Name	Business Name
Address:	City, State, Zip Code
Phone Number:	Alternate Phone Number
Email Address:	

Part 4: Financial Information

Financial Institution Name	Type of Account (Checking or Savings)
Address	City, State, Zip Code
Routing Number (9 digits)	Account Number