



900 Elizabeth Miller Gardens
Staunton, VA 24401

www.StauntonRHA.org

Phone: (540) 886-3413 | Fax: (540) 885-5414
TTY/TDD VA Relay Center 711 or (800) 828-1120
Tax ID: 54-0703143



Housing Choice Voucher Section 8 Landlord Information

Owner Information

The information provided in this section must match your W-9 form. We will issue and mail your tax form 1099 to the name and address listed on your W-9 no matter what is entered below.

Business Name: _____

Owner's Name(s): _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Property Management's Information (if different from above)

Business Name: _____

Contact Person(s): _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____



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Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Staunton Redevelopment & Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Staunton Redevelopment & Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Staunton Redevelopment & Housing Authority 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 Staunton Redevelopment & Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name or Business Name on Account: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature(s)

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided CHECK. Some deposit slips do NOT have the correct routing number.

