CAMPBELL COUNTY DEPARTMENT OF HOUSING 1098 MONMOUTH STREET – NEWPORT, KY 41071

PHONE: 859-261-5200 FAX: 859-261-0577 TDD/TTY 1-800-545-1833 x 947

DIRECT DEPOSIT PAYMENT AUTHORIZATION AGREEMENT FOR SECTION 8 LANDLORDS

I hereby authorize Campbell County Department of Housing to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my rental contract with the Campbell County Department of Housing.

CHECKING ACCOUNT

Bank Name _____

Checking Account Number		
Transit/ABA Number of Bank		
 You must attach a voided chec 	ck or copy of a check and att	ach to this form
	SAVINGS ACCOUNT	
Bank Name		
Checking Account Number		
Transit/ABA Number of Bank		
You must contact the bank to of this form. Deposit slips may ha		number on letterhead and submit with ers.
Landlord Print Name	Signature	Date
Complete Mailing Address		Phone Number
Email Address		