



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89125-1897
Phone (702) 477-3100 FAX (702) 922-6929 TDD (702) 387-1898



AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

Property Owner/Agent Information & Authorization

PLEASE INCLUDE A VOIDED CHECK AND W-9

Owner Name (please print)

Management Agent Name (please print)

Owner Federal Identification Number (SSN, EIN, or ITIN)

Agent Federal Identification No. (SSN, EIN or ITIN)

Owner Phone Number

Agent Phone Number

Owner E-mail Address

Agent E-mail Address

**Account Information: ___ Checking ___ Savings

**Property Rental Information:

Name of Financial Institution

Tenant Name

Address

Rental Address

City, State, Zip Code

City, State, Zip Code

Bank Routing Number

Bank Account Number

I authorize and request the Southern Nevada Regional Housing Authority (SNRHA) to deposit my Housing Assistance Payments automatically to my account identified above each month. This authorization will remain in effect until I have cancelled it in writing.

Purpose of Authorization (Select one)
[] New Authorization
[] Changes to Authorization
[] Change in Ownership / Management

NOTE: If the 1st is on a weekend, holiday, or other business closure day, the deposit will post the first business day of the month. Please contact SNRHA at (702) 477-3125 or fax (702) 922-6618 for additional forms or email ebarrion@sivrha.org for questions.

Payee Signature

Date Signed

Office Use Only: t #: _____ Tenant Hold Effective Date: _____
Owner ID: _____ Payee ID: _____