

HOUSING AUTHORITY OF SOUTH BEND Payee Authorization

Housing Agent:	Participant Name:								
PART 1A: Transaction Type									
	int (Specify in Part 1B)	☐ Cancel Account							
PART 1B: Change Reason (Not required for New Acc									
☐ Change Tax ID (Skip Parts 3 & 4) Previous Tax ID:									
☐ Change Address (Skip Part 4) ☐ Change Payee Name (Skip Parts 3 & 4)									
☐ Change Financial Information (Skip Part 3) ☐ Other:									
PART 2: Payee Information									
Payee Name (Must Match IRS W-9 Form)									
Tayor Name (Mast Materi INS W-9 Form)									
Tax ID (Must be 9-digit number)									
Social Security Number (SSN)									
<u>OR</u>									
Federal Employer Identification Number (FEIN)									
rederal Employer Identification Number (FEIN)									
Type of Ownership (Must Match IRS W-9 Form)									
☐ Individual/ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ C Corporation ☐ S Corporation ☐ Non-Profit ☐ Trust/Estate ☐ Public Housing Agency (PHA)									
a e corporation a scorporation a Non-Front	Trusvestate & Fuo:	ne nousing Agency (FnA)							
PART 3: Contact Information									
Physical Address (Cannot be a P.O. Box)	City	State Zip							
	•	•							
Mailing Address (P.O. Box allowed) ☐ Check if sam	e as above City	State Zip							
1000 111		G 71							
1099 Address (P.O. Box allowed) □Check if sam	e as above City	State Zip							
Work Phone: Home Phone:									
Cell Phone: Fax Number:									
E-Mail:									
II-IVIAII.									

Payee Name (Mu	ame (Must Match IRS W-9 Form)			Tax ID							
PART 4: Financia		•	ect Deposit				\$	energies manifestation and the second se			
Type of Account Checking		Savinas				Account		Busines			Toint
Routing Transit N		Savings			iividuai	(Self)	<u>u</u>	Busines	SS		Joint
Routing Transit N	umber										
Customer Accoun	t Number			Video de la Video							
					巴克雷斯	ea - Fasal, 1125 (altribusio), c	13	55			
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	المواقة: •		000000)OG	135	5					
		y Number		Vumber	Che	6.7					
PART 5: Author	izing Signa	ture									
By signing this a electronic funds to error and any fina	ansfer into	the account	specified in	Part 4. I a	lso auth	orize the	e debit	of amo	ounts d		
I understand that j	providing in	complete or	inaccurate in	formation	may de	lay my p	paymer	nts.			
This authorization from the undersig	ned to term	ninate financ	ial transaction	ons. The	undersi	gned is	respon	nsible :	for not	tifyin	
Housing Authori Signature of Acco		Bend of any	change in i	nformati	on cont		ithin the Date	his agr	eemen	t .	
Printed Name of A	Account Ow	ner						 .			
PLEASE COMPL	ETE THIS	FORM AND	RETURN I	T TO:							
Mail: Housing Au	-	outh Bend		Pla	260 0	ttach	9 170	hahi	che	olz	
Attn: Section 8 De 501 Alonzo Watso	-				Please attach a voided check with your paperwork!						
South Bend, IN. 4	6601				with	your	pap	erwo	rk!		
Fax: (574) 235-94 Email: section8@		com									•



HOUSING AUTHORITY OF SOUTH BEND Payee Authorization

Please retain for your record

TERMS AND CONDITIONS FOR PAYMENT WITH THE HOUSING AUTHORITY OF SOUTH BEND HOUSING CHOICE VOUCHER PROGRAM

If you are participating in the Housing Choice Voucher Program, your Housing Assistance Payment will be directly deposited into your checking or savings account at the financial institution of your choice.

The following are the terms and conditions for receiving payments:

- 1. You must complete this authorization form in its entirety. A legible, signed, and dated form is required for processing. You must attach a voided check to the *Payee Authorization* form. Once your form is received, there may be a 2-4 week administrative processing period before the enrollment will become effective.
- 2. All funds will be credited to your bank account no later than the 5th calendar day of each month.
- 3. If a payment cannot be made to your bank account or if the payment is returned to the HASB, all future payments will be held while the cause is investigated. Reinstatement of payment will be determined on a case-by-case basis and you will be notified of the action taken.
- 4. It is your responsibility to notify the HASB immediately if there are any changes to your account information, including, but not limited to, account closure or a change in your account number. Complete the *Payee Authorization* form by marking the **CHANGE** box and specify the new account information. **Attach a voided check to all change requests.**
 - All changes must be received by the 15th of the month prior to the month the payment is to be processed. There may be a 2-4 week administrative processing period before the changes become effective.
- 5. The HASB reserves the right to cancel your participation in the Housing Choice Voucher Program for program violations or if notification is received from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding the *Payee Authorization* or W-9 forms, please contact 574-235-9346 or section8@sbhaonline.com.

View your payments online with our HMS PALTM system!

Our HMS PALTM system is an online tool that allows HASB Housing Choice Voucher (HCV) Program Landlords to review information about their payments and tenants at their convenience, without having to call or visit your local Housing Authority. For new landlord accounts, please allow up to 30 days for information to begin appearing on the online system. To get started and create your account go to our online website at: www.hmsforweb.com/pal.