



New York State  
Housing Trust Fund Corporation

.....Program  
Project or SHARS #

### ACH/DIRECT DEPOSIT AUTHORIZATION

**Instructions:**

- Type all requested information, hand written forms will not be accepted.
- Attach a voided or canceled check with the recipient organization name imprinted to verify account ownership.

#### PART 1: Payee Identification

Payee Name			
Payee Email Address		Payee Phone Number (with area code)	
Street Address	City	State	Zip Code

**WARNING:** Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning.  
If you fail to initial here, direct deposit will not be approved.

#### PART 2: Financial Institution Information

Name of Financial Institution	Account Number										
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)										
Nine Digit Routing Number <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

#### PART 3: Authorization

I authorize HTFC to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on the authorization form, processing of this form and payments may be delayed.

Authorized Signatory	Title	Date
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